

**South Dakota Medicaid
Physician Services Fee Schedule**
Effective July 1, 2023

Providers must bill for services at their usual and customary charge. The fee listed below is the maximum allowable amount a provider may be reimbursed. Providers must append applicable modifiers to procedure codes. A list of authorized modifiers and payment effects is available at: <https://dss.sd.gov/docs/medicaid/modifiers.pdf>.

Providers should refer to South Dakota Medicaid's provider manual webpage for applicable coverage criteria and claim instructions: <https://dss.sd.gov/medicaid/providers/billingmanuals/>. For information regarding requesting a coverage or rate change refer to the Reconsideration, Reviews, Coverage Requests, and Fair Hearing provider manual. **Changes to current fees are indicated in red**

The rate of payment for "Price by Report" is generally 40% of the usual and customary charge as established in ARSD 67:16:02:03.

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 01999 | Unlisted Anesthesia Procedure(S) | Price By Report | |
| 10004 | Fine Needle Aspiration Of Additional Lesion | \$47.03 | |
| 10005 | Fine Needle Aspiration Of First Lesion Using Ultrasound Guidance | \$145.31 | |
| 10006 | Fine Needle Aspiration Of Additional Lesion Using Ultrasound Guidance | \$62.31 | |
| 10007 | Fine Needle Aspiration Of First Lesion Using Fluoroscopic Guidance | \$290.71 | |
| 10008 | Fine Needle Aspiration Of Additional Lesion Using Fluoroscopic Guidance | \$158.55 | |
| 10009 | Fine Needle Aspiration Of First Lesion Using Ct Guidance | \$321.99 | |
| 10010 | Fine Needle Aspiration Of Additional Lesion Using Ct Guidance | \$257.32 | |
| 10011 | Fine Needle Aspiration Of First Lesion Using Mr Guidance | \$166.77 | |
| 10012 | Fine Needle Aspiration Of Additional Lesion Using Mr Guidance | \$166.77 | |
| 10021 | Fine Needle Aspiration Of First Lesion | \$106.89 | |
| 10030 | Fluid Collection Drainage Of Soft Tissue By Catheter Using Imaging Guidance, Accessed Through The Skin | \$679.51 | |
| 10035 | Placement Of Soft Tissue Localization Device Accessed Through The Skin With Imaging Guidance, First Lesion | \$409.48 | |
| 10036 | Placement Of Soft Tissue Localization Device Accessed Through The Skin With Imaging Guidance | \$308.54 | |
| 10040 | Acne Surgery (Eg, Marsupialization, Opening Or Removal Of Multiple Milia, Comedones, Cysts, Pustules) | \$99.05 | |
| 10060 | Incision And Drainage Of Abscess (Eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or Paronychia); Simple Or Single | \$108.19 | |
| 10061 | Incision And Drainage Of Abscess (Eg, Carbuncle, Suppurative Hidradenitis, Cutaneous Or Subcutaneous Abscess, Cyst, Furuncle, Or Paronychia); Complicated Or Multiple | \$193.46 | |
| 10080 | Drainage Of Tailbone Cyst, Uncomplicated | \$181.77 | |
| 10081 | Drainage Of Tailbone Cyst, Complicated | \$244.67 | |
| 10120 | Removal Of Foreign Body From Tissue, Accessed Beneath The Skin, Simple | \$159.21 | |
| 10121 | Removal Of Foreign Body From Tissue, Accessed Beneath The Skin, Complex | \$266.11 | |
| 10140 | Incision And Drainage Of Hematoma, Seroma Or Fluid Collection | \$179.25 | |
| 10160 | Aspiration Of Abscess, Blood Accumulation, Blister, Or Cyst | \$125.24 | |
| 10180 | Incision And Drainage, Complex, Postoperative Wound Infection | \$235.90 | |
| 11000 | Removal Of Inflamed Or Infected Skin, Up To 10% Of Body Surface | \$55.51 | |
| 11001 | Debridement Of Extensive Eczematous Or Infected Skin; Each Additional 10% Of The Body Surface, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) | \$24.98 | |
| 11004 | Removal Of Infected Skin, Tissue Or Muscle Of Genitals | \$561.69 | |
| 11005 | Removal Of Infected Skin, Tissue Or Muscle Of Abdomen | \$754.55 | |
| 11006 | Removal Of Infected Skin, Tissue Or Muscle Of Genitals, Perineum, Or Abdomen | \$687.39 | |
| 11008 | Removal Of Prosthetic Material Or Mesh, Abdominal Wall For Infection (Eg, For Chronic Or Recurrent Mesh Infection Or Necrotizing Soft Tissue Infection) (List Separately In Addition To Code For Primary Procedure) | \$238.95 | |
| 11010 | Debridement Including Removal Of Foreign Material At The Site Of An Open Fracture And/Or An Open Dislocation (Eg, Excisional Debridement); Skin And Subcutaneous Tissues | \$468.80 | |
| 11011 | Removal Of Foreign Material From Skin, Tissue, And Muscle At Open Fracture And/Or Dislocation | \$519.71 | |
| 11012 | Removal Of Foreign Material From Skin, Tissue, Muscle, And Bone At Open Fracture And/Or Dislocation | \$702.86 | |
| 11042 | Debridement, Subcutaneous Tissue (Includes Epidermis And Dermis, If Performed); First 20 Sq Cm Or Less | \$90.93 | |
| 11043 | Debridement, Muscle And/Or Fascia (Includes Epidermis, Dermis, And Subcutaneous Tissue, If Performed); First 20 Sq Cm Or Less | \$241.72 | |
| 11044 | Debridement, Bone (Includes Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed); First 20 Sq Cm Or Less | \$287.75 | |
| 11045 | Debridement, Subcutaneous Tissue (Includes Epidermis And Dermis, If Performed); Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) | \$41.83 | |
| 11046 | Debridement, Muscle And/Or Fascia (Includes Epidermis, Dermis, And Subcutaneous Tissue, If Performed); Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) | \$74.47 | |
| 11047 | Debridement, Bone (Includes Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed); Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) | \$121.65 | |
| 11055 | Paring Or Cutting Of Benign Hyperkeratotic Lesion (Eg, Corn Or Callus); Single Lesion | \$51.18 | |
| 11056 | Removal Of 2 To 4 Thickened Skin Growths | \$59.03 | |
| 11057 | Paring Or Cutting Of Benign Hyperkeratotic Lesion (Eg, Corn Or Callus); More Than Four Lesions | \$71.10 | |
| 11102 | Tangential Biopsy Of Single Skin Lesion | \$98.65 | |
| 11103 | Tangential Biopsy Of Additional Skin Lesion | \$35.83 | |
| 11104 | Punch Biopsy Of Single Skin Lesion | \$98.65 | |
| 11105 | Punch Biopsy Of Additional Skin Lesion | \$41.66 | |
| 11106 | Incisional Biopsy Of Single Skin Lesion | \$110.75 | |
| 11107 | Incisional Biopsy Of Additional Skin Lesion | \$64.22 | |
| 11200 | Removal Of Skin Tags, Multiple Fibrocuteaneous Tags, Any Area; Up To And Including 15 Lesions, | \$78.14 | |
| 11201 | Removal Of Skin Tags, Multiple Fibrocuteaneous Tags, Any Area; Each Additional 10 Lesions, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) | \$18.67 | |
| 11300 | Shaving Of 0.5 Centimeters Or Less Skin Growth Of The Trunk, Arms, Or Legs | \$72.28 | |
| 11301 | Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs | \$92.54 | |
| 11302 | Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs | \$97.56 | |
| 11303 | Shaving Of Over 2.0 Centimeters Skin Growth Of The Trunk, Arms, Or Legs | \$129.55 | |
| 11305 | Shaving Of 0.5 Centimeters Or Less Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals | \$75.73 | |
| 11306 | Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals | \$96.83 | |
| 11307 | Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals | \$99.25 | |
| 11308 | Shaving Of Over 2.0 Centimeters Skin Growth Of Scalp, Neck, Hands, Feet, Or Genitals | \$140.76 | |
| 11310 | Shaving Of 0.5 Centimeters Or Less Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$84.66 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|----------|-------------------|
| 11311 | Shaving Of 0.6 Centimeters To 1.0 Centimeters Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$106.05 | |
| 11312 | Shaving Of 1.1 To 2.0 Centimeters Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$125.16 | |
| 11313 | Shaving Of Over 2.0 Centimeters Skin Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$162.53 | |
| 11400 | Removal Of Growth (0.5 Centimeters Or Less) Of The Trunk, Arms Or Legs | \$126.76 | |
| 11401 | Removal Of Growth (0.6 To 1.0 Centimeters) Of The Trunk, Arms, Or Legs | \$144.88 | |
| 11402 | Removal Of Growth (1.1 To 2.0 Centimeters) Of The Trunk, Arms, Or Legs | \$170.09 | |
| 11403 | Removal Of Growth (2.1 To 3.0 Centimeters) Of The Trunk, Arms, Or Legs | \$185.23 | |
| 11404 | Removal Of Growth (3.1 To 4.0 Centimeters) Of The Trunk, Arms, Or Legs | \$155.36 | |
| 11406 | Removal Of Growth (4.0 Centimeters) Of The Trunk, Arms, Or Legs | \$294.09 | |
| 11420 | Removal Of Growth (0.5 Centimeters Or Less) Of The Scalp, Neck, Hands, Feet, Or Genitals | \$120.63 | |
| 11421 | Removal Of Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals | \$154.86 | |
| 11422 | Removal Of Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals | \$173.64 | |
| 11423 | Removal Of Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals | \$143.19 | |
| 11424 | Removal Of Growth (3.1 To 4.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals | \$166.05 | |
| 11426 | Removal Of Growth (Over 4.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals | \$227.72 | |
| 11440 | Removal Of Growth (0.5 Centimeters Or Less) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$142.83 | |
| 11441 | Removal Of Growth (0.6 To 1.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$169.25 | |
| 11442 | Removal Of Growth (1.1 To 2.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$189.80 | |
| 11443 | Removal Of Growth (2.1 To 3.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$172.33 | |
| 11444 | Removal (3.1 To 4.0 Centimeters) Growth Of Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$195.68 | |
| 11446 | Removal (Over 4.0 Centimeters) Growth Of The Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$336.91 | |
| 11450 | Removal Of Skin And Tissue Beneath The Skin Of Underarms For Excessive Sweating, Simple | \$302.89 | |
| 11451 | Removal Of Skin And Tissue Beneath The Skin Of Underarms For Excessive Sweating, Complex | \$366.60 | |
| 11462 | Removal Of Skin And Tissue Beneath The Skin Of Groin For Excessive Sweating, Simple | \$402.21 | |
| 11463 | Removal Of Skin And Tissue Beneath The Skin Of Groin For Excessive Sweating, Complex | \$372.91 | |
| 11470 | Removal Of Skin And Tissue Beneath The Skin Of Anus Or Navel For Excessive Sweating, Simple | \$406.03 | |
| 11471 | Removal Of Skin And Tissue Beneath The Skin Of Anus Or Navel For Excessive Sweating, Complex | \$479.48 | |
| 11600 | Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Trunk, Arms, Or Legs | \$188.79 | |
| 11601 | Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Trunk, Arms, Or Legs | \$217.37 | |
| 11602 | Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Trunk, Arms, Or Legs | \$174.10 | |
| 11603 | Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Trunk, Arms, Or Legs | \$192.93 | |
| 11604 | Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Trunk, Arms, Or Legs | \$222.86 | |
| 11606 | Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Trunk, Arms, Or Legs | \$392.58 | |
| 11620 | Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Scalp, Neck, Hands, Feet, Or Genitals | \$177.81 | |
| 11621 | Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals | \$218.02 | |
| 11622 | Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals | \$239.52 | |
| 11623 | Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals | \$279.13 | |
| 11624 | Removal Of Malignant Growth (3.1 To 4 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals | \$316.68 | |
| 11626 | Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Scalp, Neck, Hands, Feet, Or Genitals | \$322.17 | |
| 11640 | Removal Of Malignant Growth (0.5 Centimeters Or Less) Of The Face, Ears, Eyelids, Nose, Or Lips | \$194.02 | |
| 11641 | Removal Of Malignant Growth (0.6 To 1.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips | \$234.95 | |
| 11642 | Removal Of Malignant Growth (1.1 To 2.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips | \$264.73 | |
| 11643 | Removal Of Malignant Growth (2.1 To 3.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips | \$296.59 | |
| 11644 | Removal Of Malignant Growth (3.1 To 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips | \$364.26 | |
| 11646 | Removal Of Malignant Growth (Over 4.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Or Lips | \$442.82 | |
| 11720 | Debridement Of Nail(S) By Any Method(S); One To Five | \$31.01 | |
| 11721 | Debridement Of Nail(S) By Any Method(S); Six Or More | \$44.04 | |
| 11730 | Separation Of Single Nail Plate From Nail Bed | \$99.63 | |
| 11732 | Separation Of Additional Nail Plate From Nail Bed | \$26.88 | |
| 11740 | Evacuation Of Subungual Hematoma | \$44.08 | |
| 11750 | Removal Of Nail | \$170.11 | |
| 11755 | Biopsy Of Nail Unit (Eg, Plate, Bed, Matrix, Hyponychium, Proximal And Lateral Nail Folds) (Separate Procedure) | \$96.13 | |
| 11760 | Repair Of Nail Bed | \$195.03 | |
| 11762 | Reconstruction Of Nail Bed With Graft | \$275.95 | |
| 11765 | Removal Of Skin Of Finger Or Toe Nail | \$123.43 | |
| 11770 | Removal Of Tailbone Cyst, Simple | \$323.58 | |
| 11771 | Removal Of Tailbone Cyst, Extensive | \$434.22 | |
| 11772 | Removal Of Tailbone Cyst, Complicated | \$535.34 | |
| 11900 | Injection, Intralesional; Up To And Including Seven Lesions | \$54.41 | |
| 11901 | Injection, Intralesional; More Than Seven Lesions | \$68.03 | |
| 11920 | Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less | \$183.91 | |
| 11921 | Introduction Of Pigment Into Skin (6.1 To 20.0 Sq Cm) To Correct Color Defect | \$204.11 | PA Required |
| 11922 | Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) | \$60.51 | |
| 11950 | Subcutaneous Injection Of "Filling" Material (Eg, Collagen); 1 Cc Or Less | \$74.52 | |
| 11951 | Injection Of 1.1 To 5.0 Cc Filling Material, Beneath The Skin | \$99.30 | PA Required |
| 11952 | Subcutaneous Injection Of "Filling" Material (Eg, Collagen); 5.1 To 10.0 Cc | \$132.36 | |
| 11954 | Injection Of Over 10.0 Cc Filling Material, Beneath The Skin | \$145.78 | PA Required |
| 11960 | Insertion Of Tissue Expander(S) For Other Than Breast, Including Subsequent Expansion | \$687.99 | |
| 11970 | Replacement Of Tissue Expander With Permanent Implant | \$570.80 | PA Required |
| 11971 | Removal Of Tissue Expanders | \$369.42 | |
| 11976 | Removal, Implantable Contraceptive Capsules | \$147.95 | |
| 11980 | Subcutaneous Hormone Pellet Implantation (Implantation Of Estradiol And/Or Testosterone Pellets Beneath The Skin) | \$87.05 | |
| 11981 | Insertion, Non-Biodegradable Drug Delivery Implant | \$104.15 | |
| 11982 | Removal, Non-Biodegradable Drug Delivery Implant | \$116.52 | |
| 11983 | Removal With Reinsertion, Non-Biodegradable Drug Delivery Implant | \$145.88 | |
| 12001 | Repair Of Wound (2.5 Centimeters Or Less) Of The Scalp, Neck, Underarms, Trunk, Arms And/Or Legs | \$97.71 | |
| 12002 | Repair Of Wound (2.6 To 7.5 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs | \$117.23 | |
| 12004 | Repair Of Wound (7.6 To 12.5 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs | \$135.67 | |
| 12005 | Repair Of Wound (12.6 To 20.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs | \$182.61 | |
| 12006 | Repair Of Wound (20.1 To 30.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs | \$183.76 | |
| 12007 | Repair Of Wound (Over 30.0 Centimeters) Of The Scalp, Neck, Underarms, Genitals, Trunk, Arms And/Or Legs | \$242.50 | |
| 12011 | Repair Of Wound (2.5 Centimeters Or Less) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes | \$116.75 | |
| 12013 | Repair Of Wound (2.6 To 5.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes | \$121.12 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|------------|-------------------|
| 12014 | Repair Of Wound (5.1 To 7.5 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes | \$128.91 | |
| 12015 | Repair Of Wound (7.6 To 12.5 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes | \$156.89 | |
| 12016 | Repair Of Wound (12.6 To 20.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes | \$212.11 | |
| 12017 | Repair Of Wound (20.1 To 30.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes | \$148.22 | |
| 12018 | Repair Of Wound (Over 30.0 Centimeters) Of The Face, Ears, Eyelids, Nose, Lips, And/Or Mucous Membranes | \$150.99 | |
| 12020 | Treatment Of Superficial Wound Dehiscence; Simple Closure | \$208.94 | |
| 12021 | Treatment Of Superficial Wound Dehiscence; With Packing | \$121.78 | |
| 12031 | Repair Of Wound (2.5 Centimeters Or Less) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs | \$221.32 | |
| 12032 | Repair Of Wound (2.6 To 7.5 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs | \$293.85 | |
| 12034 | Repair Of Wound (7.6 To 12.5 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs | \$288.52 | |
| 12035 | Repair Of Wound (12.6 To 20.0 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs | \$269.37 | |
| 12036 | Repair Of Wound (20.1 To 30.0 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs | \$297.59 | |
| 12037 | Repair Of Wound (Over 30.0 Centimeters) Of The Scalp, Underarms, Trunk, Arms, And/Or Legs | \$331.45 | |
| 12041 | Repair Of Wound (2.5 Centimeters Or Less) Of Neck, Hands, Feet, And/Or Genitals | \$223.55 | |
| 12042 | Repair Of Wound (2.6 To 7.5 Centimeters) Of Neck, Hands, Feet, And/Or Genitals | \$278.59 | |
| 12044 | Repair Of Wound (7.6 To 12.5 Centimeters) Of Neck, Hands, Feet, And/Or Genitals | \$266.43 | |
| 12045 | Repair Of Wound (12.6 To 20.0 Centimeters) Of Neck, Hands, Feet, And/Or Genitals | \$282.41 | |
| 12046 | Repair Of Wound (20.1 To 30.0 Centimeters) Of Neck, Hands, Feet, And/Or Genitals | \$437.45 | |
| 12047 | Repair Of Wound (Over 30.0 Centimeters) Of Neck, Hands, Feet, And/Or Genitals | \$513.57 | |
| 12051 | Repair Of Wound (2.5 Centimeters Or Less) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth | \$259.91 | |
| 12052 | Repair Of Wound (2.6 To 5.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth | \$287.11 | |
| 12053 | Repair Of Wound (5.1 To 7.5 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth | \$255.14 | |
| 12054 | Repair Of Wound (7.6 To 12.5 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth | \$268.46 | |
| 12055 | Repair Of Wound (12.6 To 20.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth | \$350.00 | |
| 12056 | Repair Of Wound (20.1 To 30.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth | \$547.55 | |
| 12057 | Repair Of Wound (Over 30.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, And/Or Mouth | \$576.50 | |
| 13100 | Repair, Complex, Trunk; 1.0 Cm To 2.5 Cm | \$305.74 | |
| 13101 | Repair, Complex, Trunk; 2.5 Cm To 7.5 Cm | \$383.95 | |
| 13102 | Repair, Complex, Trunk; Each Additional 5 Cm Or Less (List Separately In Addition To Code For Primary Procedure) | \$109.16 | |
| 13120 | Repair Of Wound (1.1 To 2.5 Centimeters) Of Scalp, Arms, And/Or Legs | \$249.06 | |
| 13121 | Repair Of Wound (2.6 To 7.5 Centimeters) Of Scalp, Arms, And/Or Legs | \$425.40 | |
| 13122 | Repair Of Wound Of Scalp, Arms, And/Or Legs | \$132.60 | |
| 13131 | Repair Of Wound (1.1 To 2.5 Centimeters) Of Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/Or Feet | \$353.42 | |
| 13132 | Repair Of Wound (2.6 To 7.5 Centimeters) Of Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/Or Feet | \$498.92 | |
| 13133 | Repair Of Wound Of Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/Or Feet | \$176.72 | |
| 13151 | Repair Of Wound (1.1 To 2.5 Centimeters) Of Eyelids, Nose, Ears, And/Or Lips | \$405.17 | |
| 13152 | Repair Of Wound (2.6 To 7.5 Centimeters) Of Eyelids, Nose, Ears, And/Or Lips | \$555.44 | |
| 13153 | Repair Of Wound Of Eyelids, Nose, Ears, And/Or Lips | \$191.42 | |
| 13160 | Secondary Closure Of Surgical Wound Dehiscence, Extensive Or Complicated | \$817.29 | |
| 14000 | Adjacent Tissue Transfer Or Rearrangement, Trunk; Defect Up To 10 Sq Cm | \$559.96 | |
| 14001 | Adjacent Tissue Transfer Or Rearrangement, Trunk; Defect 10 Sq Cm To 30 Sq Cm | \$750.36 | |
| 14020 | Tissue Transfer Repair Of Wound (10 Sq Centimeters Or Less) Of The Scalp, Arms, And/Or Legs | \$481.10 | |
| 14021 | Tissue Transfer Repair Of Wound (10.1 To 30.0 Sq Centimeters) Of The Scalp, Arms, And/Or Legs | \$658.77 | |
| 14040 | Tissue Transfer Repair Of Wound (10 Sq Centimeters Or Less) Of The Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/Or Feet | \$579.38 | |
| 14041 | Tissue Transfer Repair Of Wound (10.1 To 30.0 Sq Centimeters) Of The Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/Or Feet | \$782.51 | |
| 14060 | Tissue Transfer Repair Of Wound (10 Sq Centimeters Or Less) Of Eyelids, Nose, Ears, And/Or Lips | \$664.91 | |
| 14061 | Tissue Transfer Repair Of Wound (10.1 To 30.0 Sq Centimeters) Of Eyelids, Nose, Ears, And/Or Lips | \$917.87 | |
| 14301 | Adjacent Tissue Transfer Or Rearrangement, Any Area; Defect 30.1 Sq Cm To 60.0 Sq Cm | \$1,121.11 | |
| 14302 | Tissue Transfer Repair Of Wound (30.0 Sq Centimeters) | \$214.95 | |
| 14350 | Filletted Finger Or Toe Flap, Including Preparation Of Recipient Site | \$643.50 | |
| 15002 | Preparation Of Graft Site At Trunk, Arms, Or Legs (First 100 Sq Cm Or 1% Body Area Infants And Children) | \$335.69 | |
| 15003 | Preparation Of Graft Site At Trunk, Arms, Or Legs | \$71.67 | |
| 15004 | Preparation Of Graft Site Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or 1% Body Area Of Infants And Children) | \$273.05 | |
| 15005 | Preparation Of Graft Site Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes | \$123.17 | |
| 15040 | Harvest Of Skin For Tissue Cultured Skin Autograft, 100 Sq Cm Or Less | \$251.00 | |
| 15050 | Pinch Graft, Single Or Multiple, To Cover Small Ulcer, Tip Of Digit, Or Other Minimal Open Area (Except On Face), Up To Defect Size 2 Cm Diameter | \$558.59 | |
| 15100 | Partial Thickness Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Are Of Infants And Children) | \$895.68 | |
| 15101 | Partial Thickness Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children) | \$197.00 | |
| 15110 | Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer | \$863.53 | |
| 15111 | Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Are Of Infants And Children), Outer Layer | \$112.00 | |
| 15115 | Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) | \$742.93 | |
| 15116 | Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Outer Layer | \$148.55 | |
| 15120 | Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) | \$675.90 | |
| 15121 | Partial Thickness Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) | \$220.88 | |
| 15130 | Skin Graft At Trunk, Arms, Or Legs (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children), Deep Layer | \$674.95 | |
| 15131 | Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Deep Layer | \$88.10 | |
| 15135 | Deep Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or Less, Or 1% Body Area Of Infants And Children) | \$817.09 | |
| 15136 | Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm, Or 1% Body Area Of Infants And Children), Deep Layer | \$87.11 | |
| 15150 | Tissue Cultured Skin Graft At Trunk, Arms, Or Legs (First 25 Sq Centimeters Or Less) | \$644.00 | |
| 15151 | Tissue Cultured Skin Graft At Trunk, Arms, Or Legs (Additional 1 Sq Cm To 75 Sq Cm) | \$104.87 | |
| 15152 | Tissue Cultured Skin Graft At Trunk, Arms, Or Legs (Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children) | \$132.23 | |
| 15155 | Tissue Cultured Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 25 Sq Centimeters Or Less) | \$733.80 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 15156 | Tissue Cultured Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 1 Sq Cm To 75 Sq Cm) | \$140.72 | |
| 15157 | Tissue Cultured Skin Graft Of Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (Additional 100 Sq Cm, Or Each Additional 1% Of Body Area Of Infants And Children) | \$156.45 | |
| 15200 | Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Trunk; Up To 20 Sq Cm | \$778.51 | |
| 15201 | Full Thickness Graft, Free, Including Direct Closure Of Donor Site, Trunk; Each Additional 20 Sq Cm, Or Part Thereof (List Separately In Addition To Code For Primary Procedure) | \$132.34 | |
| 15220 | Relocation Of Patient Skin (20 Sq Centimeters Or Less) To Scalp, Arms, And/Or Legs | \$680.46 | |
| 15221 | Relocation Of Patient Skin To Scalp, Arms, And/Or Legs | \$137.70 | |
| 15240 | Relocation Of Patient Skin To Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/Or Feet (20 Sq Centimeters Or Less) | \$936.90 | |
| 15241 | Relocation Of Patient Skin To Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, And/Or Feet | \$163.10 | |
| 15260 | Relocation Of Patient Skin To Nose, Ears, Eyelids, And/Or Lips (20 Sq Centimeters Or Less) | \$715.90 | |
| 15261 | Relocation Of Patient Skin To Nose, Ears, Eyelids, And/Or Lips | \$193.85 | |
| 15271 | Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Trunk, Arms, Or Legs (First 25 Sq Cm Or Less) | \$165.85 | |
| 15272 | Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Trunk, Arms, Or Legs | \$25.59 | |
| 15273 | Application Of Skin Substitute (Wound Surface Greater Or Equal To 100 Sq Cm) To Trunk, Arms, Or Legs (First 100 Sq Cm Or 1% Body Area Of Infants And Children) | \$329.22 | |
| 15274 | Application Of Skin Substitute (Wound Surface Greater Or Equal To 100 Sq Cm) To Trunk, Arms, Or Legs | \$75.21 | |
| 15275 | Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 25 Sq Cm Or Less) | \$167.85 | |
| 15276 | Application Of Skin Substitute (Wound Surface Up To 100 Sq Cm) To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes* | \$33.35 | |
| 15277 | Application Of Skin Substitute (Wound Surface Great Than Or Equal To 100 Sq Cm) To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes (First 100 Sq Cm Or 1% Body Area Of Infants And Children) | \$361.50 | |
| 15278 | Application Of Skin Substitute (Wound Surface Great Than Or Equal To 100 Sq Cm) To Face, Scalp, Eyelids, Mouth, Neck, Ears, Eye Region, Genitals, Hands, Feet, And/Or Multiple Fingers Or Toes | \$90.26 | |
| 15570 | Formation Of Direct Or Tubed Pedicle, With Or Without Transfer; Trunk | \$844.17 | |
| 15572 | Creation Of Flap Graft To Scalp, Arms, Or Legs | \$811.47 | |
| 15574 | Creation Of Flap Graft To Forehead, Cheeks, Chin, Mouth, Neck, Underarms, Genitals, Hands, Or Feet | \$818.74 | |
| 15576 | Creation Of Flap Graft To Eyelids, Nose, Ears, Lips, Or Mouth | \$735.00 | |
| 15600 | Delay Of Flap Or Sectioning Of Flap (Division And Inset); At Trunk | \$321.74 | |
| 15610 | Transfer Of Skin Flap To Scalp, Arms, Or Legs | \$348.15 | |
| 15620 | Transfer Of Skin Flap To Forehead, Cheeks, Chin, Neck, Underarms, Genitals, Hands, Or Feet | \$421.81 | |
| 15630 | Transfer Of Skin Flap To Eyelids, Nose, Ears, Or Lips | \$462.25 | |
| 15650 | Transfer, Intermediate, Of Any Pedicle Flap (Eg, Abdomen To Wrist, "Walking" Tube), Any Location | \$480.51 | |
| 15730 | Creation Of Flap Graft To Midface | \$1,361.09 | |
| 15731 | Creation Of Flap Graft To Nose, Forehead, Temple, Or Scalp | \$1,162.98 | |
| 15733 | Creation Of Flap Graft To Head And/Or Neck | \$1,085.43 | |
| 15734 | Muscle, Myocutaneous, Or Fasciocutaneous Flap Trunk | \$1,515.80 | |
| 15736 | Muscle, Myocutaneous, Or Fasciocutaneous Flap Upper Extremity | \$1,228.71 | |
| 15738 | Muscle, Myocutaneous, Or Fasciocutaneous Flap Lower Extremity | \$1,283.87 | |
| 15740 | Flap; Island Pedicle Requiring Identification And Dissection Of An Anatomically Named Axial Vessel | \$1,004.93 | |
| 15750 | Flap; Neurovascular Pedicle | \$847.76 | |
| 15756 | Creation Of Muscle Or Muscle And Skin Graft With Reattachment Of Small Blood Vessels | \$2,313.12 | |
| 15757 | Creation Of Skin Graft With Reattachment Of Small Blood Vessels | \$2,302.86 | |
| 15758 | Creation Of Fibrous Muscle Covering (Fascia) Graft With Reattachment Of Small Blood Vessels | \$2,072.42 | |
| 15760 | Graft; Composite (Full Thickness Of External Ear Or Nasal Ala), Including Primary Closure, Donor Area | \$787.53 | |
| 15769 | Grafting Of Patient Soft Tissue, Harvested By Direct Excision | \$489.78 | PA Required |
| 15770 | Creation Of Skin, Fat And Muscle Graft | \$600.57 | |
| 15771 | Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; 50 Cubic Centimeters Or Less | \$591.08 | PA Required |
| 15772 | Grafting Of Patient Fat, Harvested By Liposuction To Trunk, Breasts, Scalp, Arms, And/Or Legs; Additional 50 Cubic Centimeters Or Less | \$184.45 | PA Required |
| 15773 | Grafting Of Patient Fat, Harvested By Liposuction To Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, And/Or Feet; 25 Cc Or Less Injectate | \$556.66 | PA Required |
| 15774 | Grafting Of Patient Fat, Harvested By Liposuction To Face, Eyelids, Mouth, Neck, Ears, Orbits, Genitalia, Hands, And/Or Feet; Each Additional 25 Cc Or Less Injectate | \$170.57 | PA Required |
| 15777 | Implantation Of Biologic Implant (Eg, Acellular Dermal Matrix) For Soft Tissue Reinforcement (Eg, Breast, Trunk) (List Separately In Addition To Code For Primary Procedure) | \$213.29 | |
| 15778 | Implantation Of Artificial Material For Delayed Closure Of Defects Due To Soft Tissue Infection Or Trauma | \$318.65 | |
| 15780 | Scraping Of Skin Of The Entire Face | \$797.13 | |
| 15781 | Repair Of Detached Retina, 1 Or More Sessions | \$508.34 | |
| 15782 | Scraping Of Skin Other Than The Face | \$459.01 | |
| 15783 | Scraping Of Skin Any Site (Superficial) | \$423.03 | |
| 15786 | Abrasion; Single Lesion (Eg, Keratosis, Scar) | \$220.84 | |
| 15787 | Abrasion; Each Additional Four Lesions Or Less (List Separately In Addition To Code For Primary Procedure) | \$29.66 | |
| 15788 | Chemical Peel Of Skin Of Face, Outer Layer | \$376.18 | PA Required |
| 15789 | Chemical Peel Of Skin Of Face, Deep Layer | \$499.84 | PA Required |
| 15792 | Chemical Peel Of Skin Other Than Face, Outer Layer | \$319.60 | |
| 15793 | Chemical Peel, Nonfacial; Dermal | \$447.49 | |
| 15819 | Cervicoplasty | \$730.36 | |
| 15820 | Blepharoplasty, Lower Eyelid; | \$545.59 | |
| 15821 | Blepharoplasty, Lower Eyelid; With Extensive Herniated Fat Pad | \$583.29 | |
| 15822 | Blepharoplasty, Upper Eyelid; | \$435.51 | |
| 15823 | Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid | \$591.34 | PA Required |
| 15824 | Incision, Stretching, And Suture Of Forehead Skin | \$710.55 | |
| 15825 | Incision, Stretching, And Suture Of Neck Skin | Price By Report | |
| 15826 | Incision, Stretching, And Suture Of Skin Between Eyebrows | \$568.43 | |
| 15828 | Incision, Stretching, And Suture Of Skin | \$2,093.08 | |
| 15829 | Removal Of Excessive Skin At Cheek, Chin, Or Neck | Price By Report | |
| 15830 | Excision, Excessive Skin And Subcutaneous Tissue (Includes Lipectomy); Abdomen, Infraumbilical Panniculectomy | \$925.69 | PA Required |
| 15832 | Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Thigh | \$816.81 | PA Required |
| 15833 | Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Leg | \$800.66 | PA Required |
| 15834 | Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Hip | \$815.29 | PA Required |
| 15835 | Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Buttock | \$848.06 | PA Required |
| 15836 | Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Arm | \$728.40 | PA Required |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 15837 | Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Forearm Or Hand | \$803.20 | PA Required |
| 15838 | Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Submental Fat Pad | \$594.88 | PA Required |
| 15839 | Excision, Excessive Skin And Subcutaneous Tissue (Including Lipectomy) Other Area | \$604.82 | PA Required |
| 15840 | Fibrous Tissue Graft To Relieve Or Reactivate Facial Paralysis | \$931.99 | |
| 15841 | Muscle Graft To Relieve Or Reactivate Facial Paralysis | \$1,617.54 | |
| 15842 | Microsurgical Muscle Graft To Relieve Or Reactivate Facial Paralysis | \$2,445.61 | |
| 15845 | Regional Muscle Transfer To Relieve Or Reactivate Facial Paralysis | \$968.96 | |
| 15851 | Removal Of Sutures Under Anesthesia (Other Than Local), Other Surgeon | \$75.34 | |
| 15852 | Dressing Change (For Other Than Burns) Under Anesthesia (Other Than Local) | \$46.11 | |
| 15853 | Removal Of Sutures Or Staples | \$10.18 | |
| 15854 | Removal Of Sutures And Staples | \$14.25 | |
| 15860 | Intravenous Injection Of Agent (Eg, Fluorescein) To Test Vascular Flow In Flap Or Graft | \$105.79 | |
| 15876 | Suction Assisted Lipectomy; Head And Neck | Price By Report | PA Required |
| 15877 | Suction Assisted Lipectomy; Trunk | Price By Report | PA Required |
| 15878 | Suction Assisted Lipectomy; Upper Extremity | Price By Report | PA Required |
| 15879 | Suction Assisted Lipectomy; Lower Extremity | Price By Report | PA Required |
| 15920 | Excision, Coccygeal Pressure Ulcer, With Coccygectomy; With Primary Suture | \$441.43 | |
| 15922 | Excision, Coccygeal Pressure Ulcer, With Coccygectomy; With Flap Closure | \$731.55 | |
| 15931 | Excision, Sacral Pressure Ulcer, With Primary Suture; | \$470.35 | |
| 15933 | Excision, Sacral Pressure Ulcer, With Primary Suture; With Ostectomy | \$746.11 | |
| 15934 | Excision, Sacral Pressure Ulcer, With Skin Flap Closure; | \$809.07 | |
| 15935 | Excision, Sacral Pressure Ulcer, With Skin Flap Closure; With Ostectomy | \$1,057.05 | |
| 15936 | Excision, Sacral Pressure Ulcer, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure; | \$928.43 | |
| 15937 | Excision, Sacral Pressure Ulcer, With Muscle Or Myocutaneous Flap Closure; With Ostectomy | \$1,057.19 | |
| 15940 | Excision, Ischial Pressure Ulcer, With Primary Suture; | \$501.93 | |
| 15941 | Excision, Ischial Pressure Ulcer, With Primary Suture; With Ostectomy (Ischiectomy) | \$946.11 | |
| 15944 | Excision, Ischial Pressure Ulcer, With Skin Flap Closure; | \$856.09 | |
| 15945 | Excision, Ischial Pressure Ulcer, With Skin Flap Closure; With Ostectomy | \$933.59 | |
| 15946 | Excision, Ischial Pressure Ulcer, With Ostectomy, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure | \$1,563.31 | |
| 15950 | Excision, Trochanteric Pressure Ulcer, With Primary Suture; | \$429.28 | |
| 15951 | Excision, Trochanteric Pressure Ulcer, With Primary Suture; With Ostectomy | \$826.37 | |
| 15952 | Excision, Trochanteric Pressure Ulcer, With Skin Flap Closure; | \$838.53 | |
| 15953 | Excision, Trochanteric Pressure Ulcer, With Skin Flap Closure; With Ostectomy | \$924.32 | |
| 15956 | Excision, Trochanteric Pressure Ulcer, In Preparation For Muscle Or Myocutaneous Flap Or Skin Graft Closure; | \$1,065.98 | |
| 15958 | Excision, Trochanteric Pressure Ulcer, With Muscle Or Myocutaneous Flap Closure; With Ostectomy | \$1,087.61 | |
| 15999 | Unlisted Procedure, Excision Pressure Ulcer | Price By Report | |
| 16000 | Initial Treatment, First Degree Burn, When No More Than Local Treatment Is Required | \$66.84 | |
| 16020 | Dressing Change And/Or Removal Of Burn Tissue (Less Than 5% Total Body Surface) | \$92.51 | |
| 16025 | Dressings And/Or Debridement Of Partial-Thickness Burns, Initial Or Subsequent; Medium (Eg, Whole Face Or Whole Extremity, Or 5% To 10% Total Body Surface Area) | \$108.01 | |
| 16030 | Dressings And/Or Debridement Of Partial-Thickness Burns, Initial Or Subsequent; Large (Eg, More Than One Extremity, Or Greater Than 10% Total Body Surface Area) | \$134.67 | |
| 16035 | Initial Incision Of Burn Tissue | \$172.81 | |
| 16036 | Additional Incision Of Burn Tissue | \$70.20 | |
| 17000 | Destruction Of Skin Growth | \$73.46 | |
| 17003 | Destruction By Any Method, Including Laser, With Or Without Surgical Curettement, All Benign Or Premalignant Lesions (Eg, Actinic Keratoses) Other Than Skin Tags Or Cutaneous Vascular Proliferative Lesions, Including Local Anesthesia; 2 - 14 Each. | \$7.27 | |
| 17004 | Destruction Of 15 Or More Premalignant Skin Growths | \$178.84 | |
| 17106 | Destruction Of Cutaneous Vascular Proliferative Lesions (Eg, Laser Technique); Less Than 10 Sq Cm | \$357.15 | |
| 17107 | Destruction Of Cutaneous Vascular Proliferative Lesions (Eg, Laser Technique); 10.0 - 50.0 Sq Cm | \$464.54 | |
| 17108 | Destruction Of Cutaneous Vascular Proliferative Lesions (Eg, Laser Technique); Over 50.0 Sq Cm | \$652.10 | |
| 17110 | Destruction (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery, Surgical Curettement), Of Benign Lesions Other Than Skin Tags Or Cutaneous Vascular Proliferative Lesions; Up To 14 Lesions | \$96.06 | |
| 17111 | Destruction Of 15 Or More Non-Cancerous Skin Growths | \$117.55 | |
| 17250 | Application Of Chemical Agent To Excessive Wound Tissue | \$72.80 | |
| 17260 | Destruction Of Malignant Growth (0.5 Centimeters Or Less) Of Trunk, Arms, Or Legs | \$92.86 | |
| 17261 | Destruction Of Malignant Growth (0.6 To 1.0 Centimeters) Of Trunk, Arms, Or Legs | \$133.08 | |
| 17262 | Destruction Of Malignant Growth (1.1 To 2.0 Centimeters) Of Trunk, Arms, Or Legs | \$167.45 | |
| 17263 | Destruction Of Malignant Growth (2.1 To 3.0 Centimeters) Of Trunk, Arms, Or Legs | \$152.44 | |
| 17264 | Destruction Of Malignant Growth (3.1 To 4.0 Centimeters) Of Trunk, Arms, Or Legs | \$196.20 | |
| 17266 | Destruction Of Malignant Growth (Over 4.0 Centimeters) Of Trunk, Arms, Or Legs | \$222.81 | |
| 17270 | Destruction Of Malignant Growth (0.5 Centimeters) Of Scalp, Neck, Hands, Feet, Or Genitals | \$141.33 | |
| 17271 | Destruction Of Malignant Growth (0.6 To 1.0 Centimeters) Of Scalp, Neck, Hands, Feet, Or Genitals | \$171.80 | |
| 17272 | Destruction Of Malignant Growth (1.1 To 2.0 Centimeters) Of Scalp, Neck, Hands, Feet, Or Genitals | \$179.08 | |
| 17273 | Destruction Of Malignant Growth (2.1 To 3.0 Centimeters) Of Scalp, Neck, Hands, Feet, Or Genitals | \$197.95 | |
| 17274 | Destruction Of Malignant Growth (3.1 To 4.0 Centimeters) Of Scalp, Neck, Hands, Feet, Or Genitals | \$231.11 | |
| 17276 | Destruction Of Malignant Growth (Over 4.0 Centimeters) Of Scalp, Neck, Hands, Feet, Or Genitals | \$267.98 | |
| 17280 | Destruction Of Malignant Growth (0.5 Centimeters Or Less) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$147.82 | |
| 17281 | Destruction Of Malignant Growth (0.6 To 1.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$189.40 | |
| 17282 | Destruction Of Malignant Growth (1.1 To 2.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$216.31 | |
| 17283 | Destruction Of Malignant Growth (2.1 To 3.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$229.14 | |
| 17284 | Destruction Of Malignant Growth (3.1 To 4.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$260.35 | |
| 17286 | Destruction Of Malignant Growth (Over 4.0 Centimeters) Of Face, Ears, Eyelids, Nose, Lips, Or Mouth | \$332.57 | |
| 17311 | Removal And Microscopic Examination Of Growth Of The Head, Neck, Hands, Feet, Or Genitals (First Stage, Up To 5 Tissue Blocks) | \$488.09 | |
| 17312 | Removal And Microscopic Examination Of Growth Of The Head, Neck, Hands, Feet, Or Genitals | \$285.41 | |
| 17313 | Removal And Microscopic Examination Of Growth Of The Trunk, Arms, Or Legs (First Stage, Up To 5 Tissue Blocks) | \$627.95 | |
| 17314 | Removal And Microscopic Examination Of Growth Of The Trunk, Arms, Or Legs (Additional Stage, Up To 5 Tissue Blocks) | \$372.83 | |
| 17315 | Removal And Microscopic Examination Of Growth Of The Trunk, Arms, Or Legs (Additional Stage, After First 5 Tissue Blocks) | \$72.31 | |
| 17340 | Cold Treatment Of Acne | \$52.05 | |
| 17360 | Chemical Treatment Of Acne | \$114.84 | |
| 17999 | Skin, Mucus Membrane And Beneath The Skin Procedure | Price By Report | |
| 18223 | Patient Not Documented To Have Received Prescription For Antiplatelet Therapy At Discharge | Price By Report | |
| 19000 | Puncture Aspiration Of Cyst; | \$109.55 | |
| 19001 | Puncture Aspiration Of Cyst Of Breast; Each Additional Cyst (List Separately In Addition To Code For Primary Procedure) | \$24.77 | |
| 19020 | Mastotomy With Exploration Or Drainage Of Abscess, Deep | \$325.89 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 19030 | Injection Procedure Only For Mammary Ductogram Or Galactogram | \$116.59 | |
| 19081 | Biopsy Of Breast Accessed Through The Skin With Stereotactic Guidance, First Lesion | \$576.09 | |
| 19082 | Biopsy Of Breast Accessed Through The Skin With Stereotactic Guidance, Additional Lesion | \$432.73 | |
| 19083 | Biopsy Of Breast Accessed Through The Skin With Ultrasound Guidance, First Lesion | \$573.62 | |
| 19084 | Biopsy Of Breast Accessed Through The Skin With Ultrasound Guidance, Additional Lesion | \$428.72 | |
| 19085 | Biopsy Of Breast Accessed Through The Skin With Mri Guidance, First Lesion | \$874.24 | |
| 19086 | Biopsy Of Breast Accessed Through The Skin With Mri Guidance, Additional Lesion | \$605.93 | |
| 19100 | Biopsy Of Breast; Percutaneous, Needle Core, Not Using Imaging Guidance (Separate Procedure) | \$106.66 | |
| 19101 | Biopsy Of Breast, Open Procedure | \$310.58 | |
| 19105 | Ablation, Cryosurgical, Of Fibroadenoma, Including Ultrasound Guidance, Each Fibroadenoma | \$2,375.09 | |
| 19110 | Nipple Exploration, With Or Without Excision Of A Solitary Lactiferous Duct Or A Papilloma Lactiferous Duct | \$335.79 | |
| 19112 | Excision Of Lactiferous Duct Fistula | \$436.57 | |
| 19120 | Removal Of 1 Or More Breast Growth, Open Procedure | \$468.95 | |
| 19125 | Removal Of Breast Growth, Open Procedure | \$385.06 | |
| 19126 | Removal Of Growth Of Chest Wall And Ribs, Open Procedure | \$140.41 | |
| 19281 | Placement Of Breast Localization Devices Accessed Through The Skin With Mammographic Guidance, First Lesion | \$207.68 | |
| 19282 | Placement Of Breast Localization Devices Accessed Through The Skin With Mammographic Guidance, Additional Lesion | \$165.19 | |
| 19283 | Placement Of Breast Localization Devices Accessed Through The Skin With Stereotactic Guidance, First Lesion | \$251.46 | |
| 19284 | Placement Of Breast Localization Devices Accessed Through The Skin With Stereotactic Guidance, Additional Lesion | \$188.96 | |
| 19285 | Placement Of Breast Localization Devices Accessed Through The Skin With Ultrasound Guidance, First Lesion | \$405.94 | |
| 19286 | Placement Of Breast Localization Devices Accessed Through The Skin With Ultrasound Guidance, Additional Lesion | \$307.78 | |
| 19287 | Placement Of Breast Localization Devices Accessed Through The Skin With Mri Guidance, First Lesion | \$644.67 | |
| 19288 | Placement Of Breast Localization Devices Accessed Through The Skin With Mri Guidance, Additional Lesion | \$502.26 | |
| 19294 | Preparation Of Tumor Cavity And Placement Of Radiation Therapy Applicator Into Breast For Radiation Therapy Concurrent With Partial Breast Removal | \$143.90 | |
| 19296 | Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application Following Partial Mastectomy, Includes Imaging Guidance; On Date Separate From Partial Mastectomy | \$3,815.40 | |
| 19297 | Placement Of Radiotherapy Afterloading Expandable Catheter (Single Or Multichannel) Into The Breast For Interstitial Radioelement Application Following Partial Mastectomy, Includes Imaging Guidance; Concurrent With Partial Mastectomy (List Sep | \$82.27 | |
| 19298 | Insertion Of Catheters Into Breast For Radiation Therapy With Or After Breast Removal Using Imaging Guidance | \$857.00 | |
| 19300 | Mastectomy For Gynecomastia | \$511.50 | PA Required |
| 19301 | Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy); | \$434.26 | |
| 19302 | Mastectomy, Partial (Eg, Lumpectomy, Tylectomy, Quadrantectomy, Segmentectomy); With Axillary Lymphadenectomy | \$902.51 | |
| 19303 | Mastectomy, Simple, Complete | \$627.71 | |
| 19305 | Removal Of Breast, Lymph Nodes, And Muscle | \$1,029.24 | |
| 19306 | Removal Of Breast, Skin, Lymph Nodes, And Chest Muscles | \$1,098.04 | |
| 19307 | Mastectomy, Modified Radical, Including Axillary Lymph Nodes, With Or Without Pectoralis Minor Muscle, But Excluding Pectoralis Major Muscle | \$1,176.25 | |
| 19316 | Repair For Sagging Of The Breast | \$799.64 | PA Required |
| 19318 | Breast Reduction | \$1,150.58 | PA Required |
| 19325 | Insertion Of Breast Implant | \$562.72 | PA Required |
| 19328 | Removal Of Intact Breast Implant | \$480.11 | PA Required |
| 19330 | Removal Of Ruptured Breast Implant And Implant Material | \$589.73 | PA Required |
| 19340 | Immediate Insertion Of Breast Implant On Same Day As Mastectomy | \$699.32 | PA Required |
| 19342 | Delayed Insertion Of Breast Implant After Mastectomy | \$772.26 | PA Required |
| 19350 | Nipple/Areola Reconstruction | \$770.25 | PA Required |
| 19355 | Correction Of Inverted Nipples | \$523.51 | PA Required |
| 19357 | Reconstruction Of Breast Using Tissue Expander | \$1,237.96 | PA Required |
| 19361 | Reconstruction Of Breast With Back Muscle Flap | \$1,632.50 | PA Required |
| 19364 | Reconstruction Of Breast With Free Flap | \$2,463.54 | PA Required |
| 19367 | Reconstruction Of Breast With Abdominal Muscle Flap | \$1,606.82 | PA Required |
| 19368 | Reconstruction Of Breast With Single-Based Abdominal Muscle Flap | \$1,967.24 | PA Required |
| 19369 | Reconstruction Of Breast With Double-Based Abdominal Muscle Flap | \$1,828.47 | PA Required |
| 19370 | Surgical Change To Tissue Capsule Surrounding Breast Implant | \$589.85 | PA Required |
| 19371 | Removal Of Entire Tissue Capsule Surrounding Breast Implant | \$719.62 | PA Required |
| 19380 | Surgical Change To Reconstructed Breast | \$719.31 | PA Required |
| 19396 | Preparation Of Moulage For Custom Breast Implant | \$262.57 | PA Required |
| 19499 | Unlisted Procedure, Breast | Price By Report | |
| 20100 | Exploration Of Penetrating Wound (Separate Procedure); Neck | \$623.06 | |
| 20101 | Exploration Of Penetrating Wound (Separate Procedure); Chest | \$420.12 | |
| 20102 | Exploration Of Penetrating Wound Of Abdomen, Flank, Or Back | \$465.52 | |
| 20103 | Exploration Of Penetrating Wound (Separate Procedure); Extremity | \$564.04 | |
| 20150 | Excision Of Epiphyseal Bar, With Or Without Autogenous Soft Tissue Graft Obtained Through Same Fascial Incision | \$907.88 | |
| 20200 | Biopsy, Muscle; Superficial | \$153.76 | |
| 20205 | Biopsy, Muscle; Deep | \$210.92 | |
| 20206 | Needle Biopsy Of Muscle, Accessed Through The Skin | \$164.07 | |
| 20220 | Biopsy, Bone, Trocar Or Needle Superficial (Eg, Ilium, Sternum, Spinous Process, Ribs) | \$170.00 | |
| 20225 | Biopsy, Bone, Trocar, Or Needle; Deep (Eg, Vertebral Body, Femur) | \$280.59 | |
| 20240 | Biopsy Of Bone, Open Procedure, Superficial | \$143.44 | |
| 20245 | Biopsy Of Bone, Open Procedure, Deep | \$304.06 | |
| 20250 | Biopsy Of Spine Bone At Middle Spinal Column, Open Procedure | \$385.22 | |
| 20251 | Biopsy Of Spine Bone At Upper Or Lower Spinal Column, Open Procedure | \$377.42 | |
| 20500 | Injection Of Sinus Tract; Therapeutic (Separate Procedure) | \$114.84 | |
| 20501 | Injection Of Sinus Tract; Diagnostic (Sinogram) | \$104.75 | |
| 20520 | Removal Of Foreign Body In Muscle; Simple | \$151.65 | |
| 20525 | Removal Of Foreign Body In Muscle; Deep Or Complicated | \$325.96 | |
| 20526 | Injection, Therapeutic (Eg, Local Anesthetic, Corticosteroid), Carpal Tunnel | \$86.74 | |
| 20527 | Injection Of Enzyme In Palm Tissue | \$80.31 | |
| 20550 | Injections Of Tendon Sheath, Ligament, Or Muscle Membrane | \$59.40 | |
| 20551 | Injection(S); Single Tendon Origin/Insertion | \$60.36 | |
| 20552 | Injection(S); Single Or Multiple Trigger Point(S), One Or Two Muscle(S) | \$55.64 | |
| 20553 | Injections Of Trigger Points In 3 Or More Muscles | \$64.12 | |
| 20555 | Placement Of Needles Or Catheters Into Muscle And/Or Soft Tissue For Subsequent Interstitial Radioelement Application (At The Time Of Or Subsequent To The Procedure) | \$309.35 | |
| 20600 | Aspiration And/Or Injection Of Small Joint Or Joint Capsule | \$54.92 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 20604 | Aspiration And/Or Injection Of Small Joint Or Joint Capsule With Recording And Reporting Using Ultrasound Guidance | \$78.89 | |
| 20605 | Aspiration And/Or Injection Of Medium Joint Or Joint Capsule | \$56.73 | |
| 20606 | Aspiration And/Or Injection Of Intermediate Joint Or Joint Capsule With Recording And Reporting Using Ultrasound Guidance | \$86.88 | |
| 20610 | Aspiration And/Or Injection Of Large Joint Or Joint Capsule | \$66.92 | |
| 20611 | Aspiration And/Or Injection Of Major Joint Or Joint Capsule With Recording And Reporting Using Ultrasound Guidance | \$99.09 | |
| 20612 | Aspiration And/Or Injection Of Ganglion Cyst(S) Any Location | \$57.06 | |
| 20615 | Aspiration And Injection For Treatment Of Bone Cyst | \$239.52 | |
| 20650 | Insertion Of Wire Or Pin For Skeletal Traction, Including Removal (Separate Procedure) | \$153.68 | |
| 20660 | Application Of Cranial Tongs, Caliper, Or Stereotactic Frame, Including Removal (Separate Procedure) | \$206.80 | |
| 20661 | Application Of Halo; Cranial | \$442.08 | |
| 20662 | Application Of Halo; Pelvic | \$477.73 | |
| 20663 | Application Of Halo; Femoral | \$440.81 | |
| 20664 | Application Of Halo, Including Removal, Cranial, 6 Or More Pins Placed, For Thin Skull Osteology (Eg, Pediatric Patients, Hydrocephalus, Osteogenesis Imperfecta) | \$777.87 | |
| 20665 | Removal Of Tongs Or Halo Applied By Another Individual | \$109.70 | |
| 20670 | Removal Of Implant; Superficial, (Eg, Buried Wire, Pin Or Rod) (Separate Procedure) | \$386.39 | |
| 20680 | Removal Of Implant; Deep, (Eg, Buried Wire, Pin, Screw, Metal Band, Nail, Rod Or Plate) | \$617.47 | |
| 20690 | Application Of A Uniplane (Pins Or Wires In One Plane), Unilateral, External Fixation System | \$397.38 | |
| 20692 | Application Of A Multiplane (Pins Or Wires In More Than One Plane), Unilateral, External Fixation System (Eg, Ilizarov, Monticelli Type) | \$1,099.75 | |
| 20693 | Adjustment Or Revision Of External Fixation System Requiring Anesthesia (Eg, New Pin(S) Or Wire(S) And/Or New Ring(S) Or Bar(S)) | \$408.03 | |
| 20694 | Removal, Under Anesthesia, Of External Fixation System | \$294.67 | |
| 20696 | Application Of Multiplane External Bone Fixation System On One Arm Or Leg With Imaging And Alignment | \$1,075.84 | |
| 20697 | Application Of Multiplane (Pins Or Wires In More Than One Plane), Unilateral, External Fixation With Stereotactic Computer-Assisted Adjustment (Eg, Spatial Frame), Including Imaging; Exchange (Ie, Removal And Replacement) Of Strut, Each | \$1,846.87 | |
| 20700 | Preparation And Insertion Of Drug-Delivery Devices Beneath Fibrous Covering Of Muscle | \$84.26 | |
| 20701 | Removal Of Drug-Delivery Devices From Beneath Fibrous Covering Of Muscle | \$63.13 | |
| 20702 | Preparation And Insertion Of Drug-Delivery Devices Into Marrow Cavity Of Bone | \$127.66 | |
| 20703 | Removal Of Drug-Delivery Devices From Marrow Cavity Of Bone | \$92.83 | |
| 20704 | Preparation And Insertion Of Drug-Delivery Devices Into Joint | \$145.80 | |
| 20705 | Removal Of Drug-Delivery Devices Into Joint | \$110.72 | |
| 20802 | Replantation, Arm; Complete | \$2,464.05 | |
| 20805 | Replantation, Forearm (Includes Radius And Ulna To Radial Carpal Joint); Complete Amputation | \$2,924.34 | |
| 20808 | Replantation, Hand; Complete | \$3,525.09 | |
| 20816 | Replantation, Digit; Complete | \$1,844.88 | |
| 20822 | Replantation, Digit, Excluding Thumb (Includes Distal Tip To Sublimis Tendon Insertion); Complete Amputation | \$1,597.16 | |
| 20824 | Replantation Of Amputated Thumb Between Wrist And Base Of Thumb | \$1,848.47 | |
| 20827 | Replantation Of Amputated Thumb Between Base Of Thumb And Tip Of Thumb | \$1,639.08 | |
| 20838 | Replantation, Foot; Complete | \$2,505.07 | |
| 20900 | Bone Graft, Any Donor Area; Minor Or Small (Eg, Dowel Or Button) | \$333.38 | |
| 20902 | Bone Graft, Any Donor Area; Major Or Large | \$276.22 | |
| 20910 | Cartilage Graft; Costochondral | \$415.93 | |
| 20912 | Cartilage Graft; Nasal Septum | \$445.20 | |
| 20920 | Fascia Lata Graft; By Stripper | \$368.79 | |
| 20922 | Fascia Lata Graft; By Incision And Area Exposure, Complex Or Sheet | \$442.84 | |
| 20924 | Tendon Graft, From A Distance (Eg, Palmaris, Toe Extensor, Plantaris) | \$463.52 | |
| 20930 | Fragmented Donor Bone Graft Or Placement Of Material To Promote Bone Growth For Spine Surgery | \$202.89 | PA Required |
| 20931 | Structural Donor Bone Graft For Spine Surgery | \$105.17 | PA Required |
| 20932 | Donor Bone And Joint Graft To Joint Surface And Neighboring Bone | \$671.72 | |
| 20933 | Half-Cylindrical Donor Bone Graft | \$616.68 | |
| 20934 | Cylindrical Donor Bone Graft | \$671.07 | |
| 20936 | Autograft For Spine Surgery Only (Includes Harvesting The Graft); Local (Eg, Ribs, Spinous Process, Or Laminar Fragments) Obtained From Same Incision (List Separately In Addition To Code For Primary Procedure) | \$250.62 | PA Required |
| 20937 | Autograft For Spine Surgery Only (Includes Harvesting The Graft); Morselized (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure) | \$160.98 | |
| 20938 | Autograft For Spine Surgery Only (Includes Harvesting The Graft); Structural, Bicortical Or Tricortical (Through Separate Skin Or Fascial Incision) (List Separately In Addition To Code For Primary Procedure) | \$157.72 | |
| 20939 | Harvest Of Bone Marrow For Spine Surgery Graft | \$68.34 | PA Required |
| 20950 | Monitoring Of Interstitial Fluid Pressure (Includes Insertion Of Device Eg, Wick Catheter Technique, Needle Manometer Technique) In Detection Of Muscle Compartment Syndrome | \$188.81 | |
| 20955 | Bone Graft With Microvascular Anastomosis; Fibula | \$2,495.43 | |
| 20956 | Bone Graft With Microvascular Anastomosis; Iliac Crest | \$2,370.29 | |
| 20957 | Bone Graft With Microvascular Anastomosis; Metatarsal | \$2,469.50 | |
| 20962 | Bone Graft With Microvascular Anastomosis; Other Than Fibula, Iliac Crest, Or Metatarsal | \$2,400.64 | |
| 20969 | Free Osteocutaneous Flap With Microvascular Anastomosis; Other Than Iliac Crest, Metatarsal, Or Great Toe | \$2,750.94 | |
| 20970 | Free Osteocutaneous Flap With Microvascular Anastomosis; Iliac Crest | \$2,554.93 | |
| 20972 | Free Osteocutaneous Flap With Microvascular Anastomosis; Metatarsal | \$2,546.96 | |
| 20973 | Free Osteocutaneous Flap With Microvascular Anastomosis; Great Toe With Web Space | \$2,689.82 | |
| 20982 | Destruction Of 1 Or More Bone Growths Accessed Through The Skin | \$3,524.05 | |
| 20983 | Destruction Of 1 Or More Bone Growths, Accessed Through The Skin | \$5,747.67 | |
| 20985 | Computer-Assisted Surgical Navigational Procedure For Musculoskeletal Procedures, Image-Less (List Separately In Addition To Code For Primary Procedure) | \$143.42 | |
| 20999 | Unlisted Procedure, Musculoskeletal System, General | Price By Report | |
| 21010 | Arthrotomy, Temporomandibular Joint | \$692.79 | |
| 21011 | Excision, Tumor, Soft Tissue Of Face Or Scalp, Subcutaneous; Less Than 2 Cm | \$333.83 | |
| 21012 | Removal Of (2 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Face And Scalp | \$358.25 | |
| 21013 | Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); Less Than 2 Cm | \$519.32 | |
| 21014 | Excision, Tumor, Soft Tissue Of Face And Scalp, Subfascial (Eg, Subgaleal, Intramuscular); 2 Cm Or Greater | \$553.74 | |
| 21015 | Removal Of (Less Than 2 Centimeters) Soft Tissue Growth Of Face Or Scalp | \$640.65 | |
| 21016 | Removal Of (2 Centimeters Or Greater) Soft Tissue Growth Of Face Or Scalp | \$913.82 | |
| 21025 | Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Mandible | \$742.15 | |
| 21026 | Excision Of Bone (Eg, For Osteomyelitis Or Bone Abscess) Facial Bone(S) | \$506.06 | |
| 21029 | Removal By Contouring Of Benign Tumor Of Facial Bone (Eg, Fibrous Dysplasia) | \$718.12 | |
| 21030 | Excision Of Benign Tumor Or Cyst Of Maxilla Or Zygoma By Enucleation And Curettage | \$432.96 | |
| 21031 | Excision Of Torus Mandibularis | \$367.84 | |
| 21032 | Excision Of Maxillary Torus Palatinus | \$354.86 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 21034 | Excision Of Malignant Tumor Of Maxilla Or Zygoma | \$1,209.87 | |
| 21040 | Excision Of Benign Tumor Or Cyst Of Mandible, By Enucleation And/Or Curettage | \$326.94 | |
| 21044 | Excision Of Malignant Tumor Of Mandible; | \$799.70 | |
| 21045 | Excision Of Malignant Tumor Of Mandible; Radical Resection | \$1,105.70 | |
| 21046 | Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S)) | \$939.08 | |
| 21047 | Excision Of Benign Tumor Or Cyst Of Mandible; Requiring Extra-Oral Osteotomy And Partial Mandibulectomy (Eg, Locally Aggressive Or Destructive Lesion(S)) | \$1,157.96 | |
| 21048 | Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Intra-Oral Osteotomy (Eg, Locally Aggressive Or Destructive Lesion(S)) | \$946.07 | |
| 21049 | Excision Of Benign Tumor Or Cyst Of Maxilla; Requiring Extra-Oral Osteotomy And Partial Maxillectomy (Eg, Locally Aggressive Or Destructive Lesion(S)) | \$1,121.30 | |
| 21050 | Arthroectomy, Temporomandibular Joint; Unilateral | \$811.85 | |
| 21060 | Meniscectomy, Temporomandibular Joint; Unilateral | \$735.74 | |
| 21070 | Coronoidectomy (Separate Procedure) | \$566.86 | |
| 21073 | Manipulation Of Temporomandibular Joint(S) (Tmj), Therapeutic, Requiring An Anesthesia Service (Ie, General Or Monitored Anesthesia Care) | \$357.82 | |
| 21076 | Impression And Custom Preparation; Surgical Obturator Prosthesis | \$888.55 | |
| 21077 | Impression And Custom Preparation; Orbital Prosthesis | \$1,965.03 | |
| 21079 | Impression And Custom Preparation; Interim Obturator Prosthesis | \$1,348.68 | |
| 21080 | Impression And Custom Preparation; Definitive Obturator Prosthesis | \$1,561.58 | |
| 21081 | Impression And Custom Preparation; Mandibular Resection Prosthesis | \$1,433.31 | |
| 21082 | Impression And Custom Preparation; Palatal Augmentation Prosthesis | \$1,316.56 | |
| 21083 | Impression And Custom Preparation; Palatal Lift Prosthesis | \$1,258.08 | |
| 21084 | Impression And Custom Preparation; Speech Aid Prosthesis | \$1,435.34 | |
| 21085 | Impression And Custom Preparation Of Oral Surgical Splint | \$733.40 | |
| 21086 | Impression And Custom Preparation; Auricular Prosthesis | \$1,463.89 | |
| 21087 | Impression And Custom Preparation; Nasal Prosthesis | \$1,463.89 | |
| 21088 | Impression And Custom Preparation; Facial Prosthesis | \$1,373.33 | |
| 21089 | Unlisted Maxillofacial Prosthetic Procedure | Price By Report | |
| 21100 | Application Of Halo Type Appliance For Maxillofacial Fixation, Includes Removal (Separate Procedure) | \$599.18 | |
| 21110 | Application Of Interdental Fixation Device For Conditions Other Than Fracture Or Dislocation | \$842.24 | |
| 21116 | Injection Procedure For Temporomandibular Arthrotomography | \$215.55 | |
| 21120 | Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Material) | \$629.52 | |
| 21121 | Genioplasty; Sliding Osteotomy, Single Piece | \$599.64 | |
| 21122 | Genioplasty; Sliding Osteotomies, Two Or More Osteotomies (Eg, Wedge Excision Or Bone Wedge Reversal For Asymmetrical Chin) | \$695.10 | |
| 21123 | Insertion Of Sliding Bone Graft To Enlarge Chin Bone, Additional Bone Graft | \$800.84 | |
| 21125 | Augmentation, Mandibular Body Or Angle; Prosthetic Material | \$2,617.85 | |
| 21127 | Augmentation, Mandibular Body Or Angle; With Bone Graft, Onlay Or Interpositional (Includes Obtaining Autograft | \$4,020.10 | |
| 21137 | Reduction Forehead; Contouring Only | \$686.61 | PA Required |
| 21138 | Reduction Forehead; Contouring And Application Of Prosthetic Material Or Bone Graft (Includes Obtaining Autograft) | \$834.65 | PA Required |
| 21139 | Reduction Forehead; Contouring And Setback Of Anterior Frontal Sinus Wall | \$999.98 | |
| 21141 | Reconstruction Of Midface Bones, Single Piece (Lefort I) | \$1,411.71 | |
| 21142 | Reconstruction Of Midface Bones, 2 Pieces (Lefort I) | \$1,420.94 | |
| 21143 | Reconstruction Of Midface Bones, 3 Or More Pieces (Lefort I) | \$1,317.19 | |
| 21145 | Reconstruction Of Midface Bones With Bone Graft, Single Piece (Lefort I) | \$1,447.15 | |
| 21146 | Reconstruction Of Midface Bones With Bone Graft, 2 Pieces (Lefort I) | \$1,511.07 | |
| 21147 | Reconstruction Of Midface Bones With Bone Graft, 3 Or More Pieces (Lefort I) | \$1,589.85 | |
| 21150 | Reconstruction Of Midface Bones (Lefort Ii) | \$1,511.98 | |
| 21151 | Reconstruction Of Midface Bones With Bone Graft (Lefort Ii) | \$1,662.28 | |
| 21154 | Reconstruction Of Midface Bones With Bone Graft Without Lefort I (Lefort Iii) | \$1,788.33 | |
| 21155 | Reconstruction Of Midface Bones With Bone Graft With Lefort I (Lefort Iii) | \$1,981.62 | |
| 21159 | Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, Without Lefort I (Lefort Iii) | \$2,371.52 | |
| 21160 | Reconstruction Of Midface Bones With Bone Graft With Forehead Advancement, With Lefort I (Lefort Iii) | \$2,570.61 | |
| 21172 | Reconstruction Superior-Lateral Orbital Rim And Lower Forehead, Advancement Or Alteration, With Or Without Grafts (Includes Obtaining Autografts) | \$1,832.82 | |
| 21175 | Reconstruction, Bifrontal, Superior-Lateral Orbital Rims And Lower Forehead, Advancement Or Alteration (Eg, Plagiocephaly, Trigonoccephaly, Brachycephaly), With Or Without Grafts (Includes Obtaining Autografts) | \$2,010.37 | |
| 21179 | Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Grafts (Allograft Or Prosthetic Material) | \$1,384.19 | |
| 21180 | Reconstruction, Entire Or Majority Of Forehead And/Or Supraorbital Rims; With Autograft (Includes Obtaining Grafts) | \$1,544.90 | |
| 21181 | Removal By Contouring Of Benign Tumor Of Cranial Bones (Eg, Fibrous Dysplasia), Extracranial | \$677.24 | |
| 21182 | Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafting Less Than 40 Sq Cm | \$1,918.61 | |
| 21183 | Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafting Greater Than 40 Sq Cm But Less Than 80 Sq Cm | \$2,086.10 | |
| 21184 | Reconstruction Of Bony Defect Of Skull, Forehead, And Both Upper Portions Of Eye Bones With Bone Graft, Total Area Of Bone Grafting Greater Than 80 Sq Cm | \$2,242.87 | |
| 21188 | Repair Of Bony Defect Of Midface Through Scalp, Eyelid, And Oral Incisions With Bone Graft | \$1,481.78 | |
| 21193 | Reconstruction Of Mandibular Rami, Horizontal, Vertical, "C", Or "L" Osteotomy; Without Bone Graft | \$1,194.80 | |
| 21194 | Reconstruction Of Mandibular Ramus, Horizontal, Vertical, "C", Or "L" Osteotomy; With Bone Graft (Includes Obtaining Graft) | \$1,330.20 | |
| 21195 | Reconstruction Of Mandibular Rami And/Or Body, Sagittal Split; Without Internal Rigid Fixation | \$1,259.34 | |
| 21196 | Reconstruction Of Mandibular Ramus, Sagittal Split; With Internal Rigid Fixation | \$1,320.23 | |
| 21198 | Osteotomy, Mandible, Segmental | \$960.27 | |
| 21199 | Osteotomy, Mandible, Segmental; With Genioglossus Advancement | \$945.72 | |
| 21206 | Osteotomy, Maxilla, Segmental (Eg, Wassmund Or Schuchard) | \$905.09 | |
| 21208 | Osteoplasty, Facial Bones Augmentation (Autograft, Allograft, Or Prosthetic Implant) | \$1,610.32 | |
| 21209 | Osteoplasty, Facial Bones Reduction | \$733.81 | |
| 21210 | Graft, Bone; Nasal, Maxillary And Malar Areas (Includes Obtaining Graft) | \$1,595.61 | |
| 21215 | Graft, Bone; Mandible (Includes Obtaining Graft) | \$3,006.83 | |
| 21230 | Graft; Rib Cartilage, Autogenous, To Face, Chin, Nose Or Ear (Includes Obtaining Graft) | \$764.45 | |
| 21235 | Graft; Ear Cartilage, Autograft, To Nose Or Ear (Includes Obtaining Graft) | \$602.76 | |
| 21240 | Arthroplasty, Temporomandibular Joint, With Or Without Autograft (Includes Obtaining Graft) | \$975.32 | |
| 21242 | Arthroplasty, Temporomandibular Joint, With Alloplastic Material (Eg, Silicone) | \$944.97 | |
| 21243 | Arthroplasty, Temporomandibular Joint, With Prosthetic Joint Replacement | \$1,493.54 | |
| 21244 | Reconstruction Of Mandible, Extraoral, With Transosteal Bone Plate (Eg, Mandibular Staple Bone Plate) | \$938.02 | |
| 21245 | Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant Partial | \$1,107.74 | |
| 21246 | Reconstruction Of Mandible Or Maxilla, Subperiosteal Implant Complete | \$792.83 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 21247 | Reconstruction Of Mandibular Condyle With Bone And Cartilage Autografts (Includes Obtaining Grafts) (Eg, For Hemifacial Microsomia) | \$1,473.54 | |
| 21248 | Reconstruction Of Mandible Or Maxilla, Endosteal Implant (Eg, Blade, Cylinder); Partial | \$925.25 | |
| 21249 | Reconstruction Of Mandible Or Maxilla, Endosteal Implant Complete | \$1,256.34 | |
| 21255 | Reconstruction Of Zygomatic Arch And Glenoid Fossa With Bone And Cartilage (Includes Obtaining Autografts) | \$1,256.37 | |
| 21256 | Reconstruction Of Orbit With Osteotomies (Extracranial) And With Bone Grafts (Includes Obtaining Autografts) (Eg, Microphthalmia) | \$1,128.93 | |
| 21260 | Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Extracranial Approach | \$1,261.62 | |
| 21261 | Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; Combined Intra- And Extracranial Approach | \$2,220.91 | |
| 21263 | Periorbital Osteotomies For Orbital Hypertelorism, With Bone Grafts; With Forehead Advancement | \$2,057.03 | |
| 21267 | Plastic Repositioning Of Eye Socket Bones On One Side Of The Face With Bone Grafts, Extracranial Approach | \$1,475.39 | |
| 21268 | Plastic Repositioning Of Eye Socket Bones On One Side Of The Face With Bone Grafts, Combined Approach | \$1,845.46 | |
| 21270 | Malar Augmentation, Prosthetic Material | \$939.67 | |
| 21275 | Secondary Revision Of Orbitocraniofacial Reconstruction | \$772.87 | |
| 21280 | Reattachment Of Nasal And Eye Socket Ligament, Ear Side | \$545.91 | |
| 21282 | Reattachment Of Nasal And Eye Socket Ligament, Nose Side | \$370.44 | |
| 21295 | Reduction Of Masseter Muscle And Bone (Eg, For Treatment Of Benign Masseteric Hypertrophy); Extraoral Approach | \$182.71 | |
| 21296 | Reduction Of Masseter Muscle (Eg, Treatment Of Benign Masseteric Hypertrophy); Intraoral Approach | \$381.08 | |
| 21299 | Unlisted Craniofacial And Maxillofacial Procedure | Price By Report | |
| 21315 | Closed Treatment Of Broken Nasal Bone, Without Stabilization | \$115.57 | |
| 21320 | Manipulative Treatment, Nasal Bone Fracture; Without Stabilization With Stabilization | \$232.31 | |
| 21325 | Open Treatment Of Nasal Fracture; Uncomplicated | \$319.64 | |
| 21330 | Open Treatment Of Nasal Fracture; Complicated, With Internal And/Or External Skeletal Fixation | \$504.21 | |
| 21335 | Open Treatment Of Nasal Fracture; With Concomitant Open Treatment Of Fractured Septum | \$742.76 | |
| 21336 | Open Treatment Of Nasal Septal Fracture, With Or Without Stabilization | \$607.19 | |
| 21337 | Closed Treatment Of Nasal Septal Fracture, With Or Without Stabilization | \$292.59 | |
| 21338 | Open Treatment Of Nasoethmoid Fracture; Without External Fixation | \$636.07 | |
| 21339 | Open Treatment Of Nasoethmoid Fracture; Without External Fixation With External Fixation | \$716.40 | |
| 21340 | Treatment Of Broken Eye Socket And Nasal Bones, Accessed Through The Skin | \$692.94 | |
| 21343 | Open Treatment Of Depressed Frontal Sinus Fracture | \$1,014.59 | |
| 21344 | Open Treatment Of Complicated (Eg, Comminuted Or Involving Posterior Wall) Frontal Sinus Fracture, Via Coronal Or Multiple Approaches | \$1,289.75 | |
| 21345 | Closed Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type), With Interdental Wire Fixation Or Fixation Of Denture Or Splint | \$750.78 | |
| 21346 | Open Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type); With Wiring And/Or Local Fixation | \$970.15 | |
| 21347 | Open Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type); Requiring Multiple Open Approaches | \$973.68 | |
| 21348 | Open Treatment Of Nasomaxillary Complex Fracture (Lefort Ii Type); With Bone Grafting (Includes Obtaining Graft) | \$1,005.09 | |
| 21355 | Treatment Of Broken Lower And Upper Cheek Bones With Manipulation, Accessed Through The Skin | \$421.05 | |
| 21356 | Open Treatment Of Broken Cheek Bone, Zygoma Fracture | \$434.36 | |
| 21360 | Open Treatment Of Broken Cheek Bone, Malar Fracture | \$484.34 | |
| 21365 | Open Treatment Of Complicated (Eg, Comminuted Or Involving Cranial Nerve Foramina) Fracture(S) Of Malar Area, Including Zygomatic Arch And Malar Tripod; With Internal Fixation And Multiple Surgical Approaches | \$1,086.30 | |
| 21366 | Open Treatment Of Complicated (Eg, Comminuted Or Involving Cranial Nerve Foramina) Fracture(S) Of Malar Area, Including Zygomatic Arch And Malar Tripod; With Bone Grafting (Includes Obtaining Graft) | \$1,162.69 | |
| 21385 | Open Treatment Of Broken Eye Socket Bone, Blowout Fracture, Transantral Approach | \$674.90 | |
| 21386 | Open Treatment Of Broken Eye Socket Bone, Blowout Fracture, Periorbital Approach | \$742.85 | |
| 21387 | Open Treatment Of Broken Eye Socket Bone, Blowout Fracture, Combined Approach | \$703.71 | |
| 21390 | Open Treatment Of Broken Eye Socket Bone With Implant, Blowout Fracture | \$826.06 | |
| 21395 | Open Treatment Of Broken Eye Socket Bone With Bone Graft, Blowout Fracture | \$920.69 | |
| 21400 | Closed Treatment Of Fracture Of Orbit, Except "Blowout"; Without Manipulation | \$199.71 | |
| 21401 | Closed Treatment Of Broken Eye Socket Bone With Manipulation | \$354.52 | |
| 21406 | Open Treatment Of Broken Eye Socket Bone Without Implant, Other Than Blowout Fracture | \$537.38 | |
| 21407 | Open Treatment Of Broken Eye Socket Bone With Implant, Other Than Blowout Fracture | \$631.95 | |
| 21408 | Open Treatment Of Broken Eye Socket Bone With Bone Graft Other Than Blowout Fracture | \$825.04 | |
| 21421 | Closed Treatment Of Palatal Or Maxillary Fracture (Lefort I Type), With Interdental Wire Fixation Or Fixation Of Denture Or Splint | \$618.00 | |
| 21422 | Open Treatment Of Fracture At Roof Of Mouth Or Cheek Bone (Lefort I) | \$645.42 | |
| 21423 | Open Treatment Of Fracture At Roof Of Mouth Or Cheek Bone (Lefort I), Complicated | \$733.55 | |
| 21431 | Closed Treatment Of Broken Bones Of Cheek, Nose Or Face With Insertion Of Hardware Or Oral Splint (Lefort Iii) | \$663.97 | |
| 21432 | Open Treatment Of Broken Bones Of Face (Lefort Iii) And Head And/Or Insertion Of Hardware | \$665.90 | |
| 21433 | Open Treatment Of Broken Bones Of Face And Head (Lefort Iii), Complicated | \$1,575.05 | |
| 21435 | Open Treatment Of Broken Bones Of Face And Head And/Or Insertion Of Hardware (Lefort Iii), Complicated | \$1,281.44 | |
| 21436 | Open Treatment Of Broken Bones Of Face And Head With Insertion Of Hardware And Bone Graft (Lefort Iii), Complicated | \$1,850.08 | |
| 21440 | Closed Treatment Of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate Procedure) | \$670.91 | |
| 21445 | Open Treatment Of Mandibular Or Maxillary Alveolar Ridge Fracture (Separate Procedure) | \$569.07 | |
| 21450 | Closed Treatment Of Mandibular Fracture; Without Manipulation | \$423.87 | |
| 21451 | Closed Treatment Of Mandibular Fracture; With Manipulation | \$748.02 | |
| 21452 | Treatment Of Broken Jaw Bone With Placement Of External Hardware, Accessed Through The Skin | \$740.39 | |
| 21453 | Closed Treatment Of Mandibular Fracture With Interdental Fixation | \$779.14 | |
| 21454 | Open Treatment Of Mandibular Fracture With External Fixation | \$454.10 | |
| 21461 | Open Treatment Of Mandibular Fracture; Without Interdental Fixation | \$1,312.30 | |
| 21462 | Open Treatment Of Closed Or Open Mandibular Fracture; With Interdental Fixation | \$1,434.43 | |
| 21465 | Open Treatment Of Mandibular Condylar Fracture | \$739.94 | |
| 21470 | Open Treatment Of Complicated Mandibular Fracture By Multiple Surgical Approaches Including Internal Fixation, Interdental Fixation, And/Or Wiring Of Dentures Or Splints | \$1,191.88 | |
| 21480 | Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Uncomplicated | \$99.48 | |
| 21485 | Closed Treatment Of Jaw Temporomandibular Joint (Tmj) Dislocation, Complicated | \$954.36 | |
| 21490 | Open Treatment Of Temporomandibular Dislocation | \$728.70 | |
| 21497 | Interdental Wiring, For Condition Other Than Fracture | \$506.95 | |
| 21499 | Unlisted Orthopedic Procedure, Head | Price By Report | |
| 21501 | Incision And Drainage, Deep Abscess Or Hematoma; | \$337.29 | |
| 21502 | Incision And Drainage, Deep Abscess Or Hematoma; With Partial Rib Osteotomy | \$457.77 | |
| 21510 | Incision, Deep, With Opening Of Bone Cortex (Eg, For Osteomyelitis Or Bone Abscess); | \$410.42 | |
| 21550 | Excisional Biopsy, Soft Tissues | \$187.79 | |
| 21552 | Biopsy, Soft Tissue Of Neck Or Thorax 3 Cm Or Greater | \$476.09 | |
| 21554 | Biopsy, Soft Tissue Of Neck Or Thorax 5 Cm Or Greater | \$733.85 | |
| 21555 | Excision, Tumor, Soft Tissue Of Neck Or Anterior Thorax, Subcutaneous; Less Than 3 Cm | \$301.32 | |
| 21556 | Excision, Tumor, Soft Tissue Of Neck Or Anterior Thorax, Subfascial (Eg, Intramuscular); Less Than 5 Cm | \$355.74 | |
| 21557 | Removal Of (Less Than 5 Centimeters) Growth Of Neck Or Front Of Chest | \$861.77 | |
| 21558 | Removal Of (5 Centimeters Or Greater) Growth Of Neck Or Front Of Chest | \$1,204.22 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 21600 | Excision Of Rib, Partial | \$510.02 | |
| 21601 | Removal Of Tumor From Chest Wall Including Ribs | \$1,174.32 | |
| 21602 | Removal Of Tumor From Chest Wall Including Ribs With Plastic Reconstruction | \$1,394.60 | |
| 21603 | Removal Of Tumor From Chest Wall Including Ribs With Plastic Reconstruction And Removal Of Lymph Nodes From Chest Cavity | \$1,509.83 | |
| 21610 | Costotransversectomy (Separate Procedure) | \$1,041.59 | |
| 21615 | Excision First And/Or Cervical Rib; | \$601.91 | |
| 21616 | Excision First And/Or Cervical Rib For Outlet Compression Syndrome Or Other Cause; With Sympathectomy | \$623.10 | |
| 21620 | Ostectomy Of Sternum, Partial | \$456.30 | |
| 21627 | Sternal Debridement | \$473.78 | |
| 21630 | Radical Resection Of Sternum; | \$1,195.99 | |
| 21632 | Radical Resection Of Sternum; With Mediastinal Lymphadenectomy | \$1,075.28 | |
| 21685 | Hyoid Myotomy And Suspension | \$907.92 | |
| 21700 | Division Of Scalenus Anticus; Without Resection Of Cervical Rib | \$311.49 | |
| 21705 | Division Of Scalenus Anticus; With Resection Of Cervical Rib | \$515.28 | |
| 21720 | Release Of Tendons Of Neck Muscle, Open Procedure | \$446.36 | |
| 21725 | Release Of Tendons Of Neck Muscle With Cast Application, Open Procedure | \$496.56 | |
| 21740 | Repair Of Depression Of Breast Bone, Open Procedure | \$903.16 | |
| 21742 | Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive Approach (Nuss Procedure), Without Thoracoscopy | \$988.39 | |
| 21743 | Reconstructive Repair Of Pectus Excavatum Or Carinatum; Minimally Invasive Approach (Nuss Procedure), With Thoracoscopy | \$1,060.40 | |
| 21750 | Closure Of Median Sternotomy Separation With Or Without Debridement (Separate Procedure) | \$665.55 | |
| 21811 | Open Treatment Of Broken Ribs With Insertion Of Hardware, 1-3 Ribs | \$593.78 | |
| 21812 | Open Treatment Of Broken Ribs With Insertion Of Hardware, 4-6 Ribs | \$713.44 | |
| 21813 | Open Treatment Of Broken Ribs With Insertion Of Hardware, 7 Or More Ribs | \$859.25 | |
| 21820 | Closed Treatment Of Sternum Fracture | \$139.77 | |
| 21825 | Open Treatment Of Sternum Fracture With Or Without Skeletal Fixation | \$496.37 | |
| 21899 | Unlisted Procedure, Neck Or Thorax | Price By Report | |
| 21920 | Biopsy Of Tissue Of Back Or Flank, Superficial | \$181.56 | |
| 21925 | Biopsy Of Tissue Of Back Or Flank, Deep | \$463.63 | |
| 21930 | Excision, Tumor, Soft Tissue Of Back Or Flank | \$382.15 | |
| 21931 | Excision, Tumor, Soft Tissue Of Back Or Flank, Subcutaneous; 3 Cm Or Greater | \$497.60 | |
| 21932 | Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial (Eg, Intramuscular); Less Than 5 Cm | \$665.46 | |
| 21933 | Excision, Tumor, Soft Tissue Of Back Or Flank, Subfascial (Eg, Intramuscular); 5 Cm Or Greater | \$738.80 | |
| 21935 | Removal (Less Than 5 Centimeters) Tissue Growth Of Back Or Flank | \$920.97 | |
| 21936 | Removal (5 Centimeters Or Greater) Tissue Growth Of Back Or Flank | \$1,260.22 | |
| 22010 | Drainage Of Abscess Of Upper Or Middle Spine, Open Chest Procedure | \$939.26 | |
| 22015 | Drainage Of Abscess Of Lower Spine Or Sacrum, Open Procedure | \$932.16 | |
| 22100 | Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality In 1 Vertebral Segment Of Neck (Cervical Spine) | \$774.78 | |
| 22101 | Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality In 1 Vertebral Segment Of Upper Back (Thoracic Spine) | \$771.48 | |
| 22102 | Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality In 1 Vertebral Segment Of Lower Back (Lumbar Spine) | \$709.42 | |
| 22103 | Partial Removal Of Rear Component Of Spine Bone With Bone Tissue Abnormality From Additional Vertebral Segment Of Spine | \$118.74 | |
| 22110 | Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In 1 Vertebral Segment Of Neck (Cervical Spine) | \$932.98 | |
| 22112 | Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In 1 Vertebral Segment Of Upper Back (Thoracic Spine) | \$988.41 | |
| 22114 | Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In 1 Vertebral Segment Of Lower Back (Lumbar Spine) | \$988.41 | |
| 22116 | Partial Removal Of Front Component Of Spine Bone (Vertebral Body) With Bone Tissue Abnormality In Additional Vertebral Segment Of Spine | \$121.11 | |
| 22206 | Extensive Incision Of Spinal Column (3-Column Osteotomy) In Upper Back (Thoracic Spine) To Correct Deformity | \$2,441.71 | |
| 22207 | Extensive Incision Of Spinal Column (3-Column Osteotomy) In 1 Vertebral Segment Of Lower Back (Lumbar Spine) To Correct Deformity | \$2,104.42 | |
| 22208 | Extensive Incision Of Spinal Column (3-Column Osteotomy) In 1 Additional Vertebral Segment Of Spine | \$560.60 | |
| 22210 | Incision Of Spinal Column (Single Column Osteotomy) In 1 Vertebral Segment Of Neck (Cervical Spine) To Correct Deformity | \$1,574.18 | |
| 22212 | Incision Of Spinal Column (Single Column Osteotomy) In 1 Vertebral Segment Of Upper Back (Thoracic Spine) To Correct Deformity | \$1,506.15 | |
| 22214 | Incision Of Spinal Column (Single Column Osteotomy) In 1 Vertebral Segment Of Upper Back (Lumbar Spine) To Correct Deformity | \$1,419.05 | |
| 22216 | Incision Of Spinal Column (Single Column Osteotomy) In Additional Vertebral Segment Of Spine | \$348.71 | |
| 22220 | Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral Segment; Cervical | \$1,431.94 | |
| 22222 | Osteotomy Of Spine, Anterior Approach, For Correction Of Thoracic | \$1,519.73 | |
| 22224 | Osteotomy Of Spine, Anterior Approach, For Correction Of Lumbar | \$1,421.89 | |
| 22226 | Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral Segment; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure) | \$312.93 | |
| 22310 | Closed Treatment Of Vertebral Body Fracture(S), Without Manipulation, Requiring And Including Casting Or Bracing | \$272.44 | |
| 22315 | Closed Treatment Of Broken And/Or Dislocated Spine Bones With Casting And/Or Bracing With Manipulation | \$807.06 | |
| 22318 | Open Treatment Of Broken And/Or Dislocated Upper Spine Bones, Anterior Approach | \$1,421.57 | |
| 22319 | Open Treatment Of Broken And/Or Dislocated Upper Spine Bones With Bone Graft, Anterior Approach | \$1,573.10 | |
| 22325 | Open Treatment Of Broken And/Or Dislocated Lower Spine Bones, Posterior Approach | \$1,220.75 | |
| 22326 | Open Treatment Of Broken And/Or Dislocated Upper Spine Bones, Posterior Approach | \$1,464.10 | |
| 22327 | Open Treatment Of Broken And/Or Dislocated Middle Spine Bones, Posterior Approach | \$1,416.86 | |
| 22328 | Open Treatment Of Broken And/Or Dislocated Spine Bones, Posterior Approach | \$266.93 | |
| 22505 | Manipulation Of Spine Requiring Anesthesia, Any Region | \$116.93 | |
| 22510 | Injection Of Bone Cement Into Body Of Middle Spine Bone Accessed Through The Skin Using Imaging Guidance In The Upper Spine Area | \$1,814.58 | |
| 22511 | Injection Of Bone Cement Into Body Of Middle Spine Bone Accessed Through The Skin Using Imaging Guidance In The Lower Spine Area | \$1,920.95 | |
| 22512 | Injection Of Bone Cement Into Body Of Middle Or Lower Spine Bone Accessed Through The Skin Using Imaging Guidance | \$723.45 | |
| 22513 | Injection Of Bone Cement Into Body Of Middle Spine Bone Accessed Through The Skin Using Imaging Guidance In The Thoracic To Correct Forward Bending | \$6,487.45 | |
| 22514 | Injection Of Bone Cement Into Body Of Lower Spine Bone Accessed Through The Skin Using Imaging Guidance | \$6,458.55 | |
| 22515 | Injection Of Bone Cement Into Body Of Middle Or Lower Spine Bone Accessed Through The Skin Using Imaging Guidance | \$3,006.94 | |
| 22532 | Fusion Of Middle Spine Bones With Removal Of Disc, Lateral Approach | \$1,575.67 | PA Required |
| 22533 | Fusion Of Lower Spine Bones With Removal Of Disc, Lateral Approach | \$1,473.93 | PA Required |
| 22534 | Fusion Of Middle Or Lower Spine Bones With Removal Of Disc, Lateral Approach | \$345.42 | |
| 22548 | Fusion Of Spine Bones At Base Of Neck, Oral Approach | \$1,686.44 | PA Required |
| 22551 | Fusion Of Spine Bones With Removal Of Disc At Upper Spinal Column, Anterior Approach, Complex | \$1,648.26 | PA Required |
| 22552 | Fusion Of Spine Bones With Removal Of Disc In Upper Spinal Column Below Second Vertebra Of Neck , Anterior Approach | \$377.08 | PA Required |
| 22554 | Fusion Of Spine Bones With Removal Of Disc At Upper Spinal Column, Anterior Approach, Simple | \$1,106.47 | PA Required |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 22556 | Fusion Of Middle Spine Bones With Removal Of Disc, Anterior Approach | \$1,463.58 | PA Required |
| 22558 | Fusion Of Spine Bones With Removal Of Disc At Lower Spinal Column, Anterior Approach | \$1,499.43 | PA Required |
| 22585 | Fusion Of Spine Bones With Removal Of Disc, Anterior Approach | \$312.29 | PA Required |
| 22586 | Arthrodesis, Pre-Sacral Interbody Technique, Including Disc Space Preparation, Discectomy, With Posterior Instrumentation, With Image Guidance, Includes Bone Graft When Performed, L5-S1 Interspace | \$1,743.75 | PA Required |
| 22590 | Fusion Of First Two Upper Spine Bones Of Spinal Column, Posterior Approach | \$1,380.26 | PA Required |
| 22595 | Fusion Of Spine Bones At Skull Base, Posterior Approach | \$1,320.98 | PA Required |
| 22600 | Fusion Of Upper Spine Bones, Posterior Or Posterolateral Approach | \$1,140.83 | PA Required |
| 22610 | Fusion Of Middle Spine Bones, Posterior Or Posterolateral Approach | \$1,250.59 | PA Required |
| 22612 | Fusion Of Lower Spine Bones, Posterior Or Posterolateral Approach | \$1,555.53 | PA Required |
| 22614 | Fusion Of Spine Bones, Posterior Or Posterolateral Approach | \$372.93 | PA Required |
| 22630 | Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Approach, Single Interspace | \$1,531.96 | PA Required |
| 22632 | Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Approach, Single Interspace, Each Additional Interspace | \$273.06 | PA Required |
| 22633 | Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Or Posterolateral Approach, Single Interspace And Segment | \$1,799.00 | PA Required |
| 22634 | Fusion Of Lower Spine Bones With Removal Of Disc, Posterior Or Posterolateral Approach, Single Interspace And Segment, Each Additional Interspace And Segment | \$473.36 | PA Required |
| 22800 | Fusion Of Spine Bones For Correction Of Deformity, Posterior Approach, Up To 6 Vertebral Segments | \$1,341.80 | PA Required |
| 22802 | Fusion Of Spine Bones For Correction Of Deformity, Posterior Approach, 7 To 12 Vertebral Segments | \$2,072.60 | PA Required |
| 22804 | Fusion Of Spine Bones For Correction Of Deformity, Posterior Approach, 13 Or More Vertebral Segments | \$2,512.86 | PA Required |
| 22808 | Fusion Of Spine Bones For Correction Of Deformity, Anterior Approach, 2 To 3 Vertebral Segments | \$1,610.71 | PA Required |
| 22810 | Fusion Of Spine Bones For Correction Of Deformity, Anterior Approach, 4 To 7 Vertebral Segments | \$1,805.06 | PA Required |
| 22812 | Fusion Of Spine Bones For Correction Of Deformity, Anterior Approach, 8 Or More Vertebral Segments | \$1,978.63 | PA Required |
| 22818 | Fusion Of Spine Bones For Correction Of Hunchback Deformity, Single Or 2 Segments | \$1,929.36 | PA Required |
| 22819 | Fusion Of Spine Bones For Correction Of Hunchback Deformity, 3 Or More Segments | \$2,221.43 | PA Required |
| 22830 | Exploration Of Spinal Fusion | \$730.16 | PA Required |
| 22840 | Insertion Of Posterior Spinal Instrumentation At Base Of Neck For Stabilization, 1 Interspace | \$725.41 | PA Required |
| 22841 | Internal Spinal Fixation By Wiring Of Spinous Processes (List Separately In Addition To Code For Primary Procedure) | \$0.01 | PA Required |
| 22842 | Insertion Of Posterior Spinal Instrumentation For Spinal Stabilization, 3 To 6 Vertebral Segments | \$728.12 | PA Required |
| 22843 | Insertion Of Posterior Spinal Instrumentation For Spinal Stabilization, 7 To 12 Vertebral Segments | \$779.11 | PA Required |
| 22844 | Insertion Of Posterior Spinal Instrumentation For Spinal Stabilization, 13 Or More Vertebral Segments | \$948.90 | PA Required |
| 22845 | Insertion Of Anterior Spinal Instrumentation For Spinal Stabilization, 2 To 3 Vertebral Segments | \$692.22 | PA Required |
| 22846 | Insertion Of Anterior Spinal Instrumentation For Spinal Stabilization, 4 To 7 Vertebral Segments | \$719.55 | PA Required |
| 22847 | Insertion Of Anterior Spinal Instrumentation For Spinal Stabilization, 8 Or More Vertebral Segments | \$711.26 | PA Required |
| 22848 | Pelvic Fixation (Attachment Of Caudal End Of Instrumentation To Pelvic Bony Structures) Other Than Sacrum (List Separately In Addition To Code For Primary Procedure) | \$346.26 | PA Required |
| 22849 | Reinsertion Of Spinal Fixation Device | \$1,087.64 | PA Required |
| 22850 | Removal Of Posterior Nonsegmental Spinal Instrumentation | \$655.66 | PA Required |
| 22852 | Removal Of Posterior Segmental Spinal Instrumentation | \$700.93 | PA Required |
| 22853 | Insertion Of Device Into Intervertebral Disc Space Of Spine And Fusion Of Vertebrae | \$246.15 | |
| 22854 | Insertion Of Device Into Gap Left By Removal Of Part Of Vertebra And Fusion Of Vertebrae | \$318.66 | |
| 22855 | Removal Of Anterior Instrumentation (Eg, Dwyer Device) | \$976.52 | PA Required |
| 22856 | Insertion Of Artificial Upper Spine Disc, Anterior Approach | \$1,585.21 | PA Required |
| 22857 | Insertion Of Artificial Lower Spine Disc, Anterior Approach | \$1,590.00 | PA Required |
| 22858 | Insertion Of Artificial Upper Spine Disc Anterior Approach | \$437.01 | PA Required |
| 22859 | Insertion Of Device Into Gap Left By Removal Of Part Of Vertebra | \$286.55 | PA Required |
| 22860 | Insertion Of Artificial Disc Between Bones Of Lower Spine, Additional Space | Price By Report | |
| 22861 | Revision With Replacement Of Artificial Upper Spine Disc | \$1,976.38 | PA Required |
| 22862 | Revision With Replacement Of Artificial Lower Spine Disc | \$1,981.17 | PA Required |
| 22864 | Revision Of Artificial Upper Spine Disc, Cervical | \$1,767.73 | PA Required |
| 22865 | Revision Of Artificial Lower Spine Disc, Lumbar | \$1,934.92 | PA Required |
| 22867 | Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level With Open Decompression | \$946.06 | PA Required |
| 22868 | Insertion Of Stabilizing Or Separating Device Into Lower Spine At Additional Level With Open Decompression | \$208.12 | PA Required |
| 22869 | Insertion Of Stabilizing Or Separating Device Into Lower Spine At Single Level | \$448.75 | PA Required |
| 22870 | Insertion Of Stabilizing Or Separating Device Into Lower Spine At Second Level | \$109.34 | PA Required |
| 22899 | Unlisted Procedure, Spine | Price By Report | PA Required |
| 22900 | Excision, Abdominal Wall Tumor, Subfascial (Eg, Desmoid) | \$510.79 | |
| 22901 | Excision, Tumor, Soft Tissue Of Abdominal Wall, Subfascial (Eg, Intramuscular); 5 Cm Or Greater | \$601.06 | |
| 22902 | Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; Less Than 3 Cm | \$445.56 | |
| 22903 | Excision, Tumor, Soft Tissue Of Abdominal Wall, Subcutaneous; 3 Cm Or Greater | \$466.65 | |
| 22904 | Removal (Less Than 5 Centimeters) Tissue Growth In Abdominal Wall | \$943.67 | |
| 22905 | Removal (5 Centimeters Or Greater) Tissue Growth In Abdominal Wall | \$1,183.57 | |
| 22999 | Procedure On Abdomen, Muscle Or Bone | Price By Report | |
| 23000 | Removal Of Calcium Deposits At Rotator Cuff Tendons, Open Procedure | \$547.08 | |
| 23020 | Capsular Contracture Release (Eg, Sever Type Procedure) | \$632.33 | |
| 23030 | Incision And Drainage; Deep Abscess Or Hematoma | \$308.16 | |
| 23031 | Incision And Drainage; Infected Bursa | \$406.42 | |
| 23035 | Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Shoulder Area | \$625.57 | |
| 23040 | Arthrotomy, Glenohumeral Joint, Including Exploration, Drainage, Or Removal Of Foreign Body | \$749.77 | |
| 23044 | Arthrotomy, Acromioclavicular, Sternoclavicular Joint, Including Exploration, Drainage, Or Removal Of Foreign Body | \$519.58 | |
| 23065 | Biopsy Of Tissue Of Shoulder Area, Superficial | \$214.36 | |
| 23066 | Biopsy Of Tissue Of Shoulder Area, Deep | \$534.99 | |
| 23071 | Biopsy, Soft Tissue Of Shoulder Area; 3 Cm Or Greater | \$442.03 | |
| 23073 | Biopsy, Soft Tissue Of Shoulder Area; 5 Cm Or Greater | \$630.33 | |
| 23075 | Excision, Tumor, Soft Tissue Of Shoulder Area, Subcutaneous; Less Than 3 Cm | \$362.19 | |
| 23076 | Excision, Tumor, Soft Tissue Of Shoulder Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm | \$494.76 | |
| 23077 | Removal (Less Than 5 Centimeters) Tissue Growth Of Shoulder Area | \$1,008.82 | |
| 23078 | Removal (5 Centimeters Or Greater) Tissue Growth Of Shoulder Area | \$1,280.51 | |
| 23100 | Arthrotomy, Glenohumeral Joint, Including Biopsy | \$467.13 | |
| 23101 | Incision To Repair Joints Between Shoulder, Chest And Collar Bones | \$421.52 | |
| 23105 | Arthrotomy; Glenohumeral Joint, With Synovectomy, With Or Without Biopsy | \$587.66 | |
| 23106 | Arthrotomy; Sternoclavicular Joint, With Synovectomy, With Or Without Biopsy | \$463.75 | |
| 23107 | Arthrotomy, Glenohumeral Joint, With Joint Exploration, With Or Without Removal Of Loose Or Foreign Body | \$605.90 | |
| 23120 | Claviculectomy; Partial | \$477.37 | |
| 23125 | Claviculectomy; Total | \$649.50 | |
| 23130 | Acromioplasty Or Acromionectomy, Partial, With Or Without Coracoacromial Ligament Release | \$632.18 | |
| 23140 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; | \$485.06 | |
| 23145 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; With Primary Autogenous Graft (Includes Obtaining Graft) | \$637.48 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 23146 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Clavicle Or Scapula; With Homogenous Or Other Nonautogenous Graft | \$572.82 | |
| 23150 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; | \$611.23 | |
| 23155 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; With Primary Autogenous Graft (Includes Obtaining Graft) | \$729.40 | |
| 23156 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal Humerus; With Homogenous Or Other Nonautogenous Graft | \$622.19 | |
| 23170 | Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), | \$519.44 | |
| 23172 | Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), | \$524.57 | |
| 23174 | Removal Of Dead Upper Arm Bone For Bone Infection In The Upper Portion Or The Bone | \$700.11 | |
| 23180 | Partial Removal Of Collar Bone For A Bone Infection | \$607.72 | |
| 23182 | Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis), Scapula | \$617.35 | |
| 23184 | Partial Removal Of Upper Portion Upper Arm Bone (Humerus) For Bone Infection | \$743.15 | |
| 23190 | Ostectomy Of Scapula, Partial (Eg, Superior Medial Angle) | \$546.03 | |
| 23195 | Resection Humeral Head | \$755.35 | |
| 23200 | Radical Resection Of Tumor; Clavicle | \$1,356.86 | |
| 23210 | Radical Resection Of Tumor; Scapula | \$1,589.14 | |
| 23220 | Radical Resection Of Tumor, Proximal Humerus | \$1,742.46 | |
| 23330 | Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Skin | \$288.29 | |
| 23333 | Removal Of Foreign Body Of Shoulder Joint, Accessed Beneath The Tissue Or Muscle | \$434.30 | |
| 23334 | Removal Of Prosthesis Of Shoulder | \$964.67 | |
| 23335 | Removal Of Prosthesis Of Shoulder, Total Shoulder | \$1,049.92 | |
| 23350 | Injection Procedure For Shoulder Arthrography Or Enhanced Ct/Mri Shoulder Arthrography | \$120.18 | |
| 23395 | Muscle Transfer, Any Type, Shoulder Or Upper Arm; Single | \$1,161.92 | |
| 23397 | Muscle Transfer, Any Type For Paralysis Of Shoulder Or Upper Arm; Multiple | \$1,030.58 | |
| 23400 | Scapulopecty (Eg, Sprengel'S Deformity Or For Paralysis) | \$884.57 | |
| 23405 | Tenotomy, Shoulder Area; Single Tendon | \$649.96 | |
| 23406 | Tenotomy, Shoulder Area; Multiple Tendons Through Same Incision | \$684.42 | |
| 23410 | Repair Of Torn Tendons Of Shoulder (Rotator Cuff), Open Procedure, Acute Or New | \$831.55 | |
| 23412 | Repair Of Torn Tendons Of Shoulder (Rotator Cuff), Open Procedure, Chronic Or Old | \$863.46 | |
| 23415 | Coracoclavicular Ligament Release, With Or Without Acromioplasty | \$640.30 | |
| 23420 | Reconstruction Of Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty) | \$985.98 | |
| 23430 | Tenodesis Of Long Tendon Of Biceps | \$717.41 | |
| 23440 | Resection Or Transplantation Of Long Tendon Of Biceps | \$690.12 | |
| 23450 | Reattachment Of Shoulder Joint Capsule Without Bone Transfer | \$859.50 | |
| 23455 | Reattachment Of Shoulder Joint Capsule And Cartilage Without Bone Transfer With Repair Of Shoulder Rim | \$901.62 | |
| 23460 | Reattachment Of Shoulder Joint Capsule And Cartilage With Bone Block | \$989.42 | |
| 23462 | Reattachment Of Shoulder Joint Capsule With Bone Transfer (Coracoid Bone) | \$1,074.62 | |
| 23465 | Repair Of Shoulder Joint Capsule In The Back Of The Joint | \$1,014.53 | |
| 23466 | Repair Of Capsule Of Shoulder Joint With Instability In Multiple Directions | \$1,131.78 | |
| 23470 | Arthroplasty, Glenohumeral Joint; Hemiarthroplasty | \$1,207.53 | |
| 23472 | Prosthetic Repair Of Shoulder Joint, Total Shoulder | \$1,452.13 | |
| 23473 | Revision Of Total Shoulder Arthroplasty, Including Allograft When Performed; Humeral Or Glenoid Component | \$1,616.06 | |
| 23474 | Revision Of Total Shoulder Repair, Total Shoulder | \$1,742.83 | |
| 23480 | Incision To Repair Collarbone | \$747.66 | |
| 23485 | Osteotomy, Clavicle, With Or Without Internal Fixation; With Bone Graft For Nonunion Or Malunion (Includes Obtaining Graft And/Or Necessary Fixation) | \$959.94 | |
| 23490 | Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Clavicle | \$783.80 | |
| 23491 | Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methylmethacrylate; Proximal Humerus | \$923.23 | |
| 23500 | Closed Treatment Of Clavicular Fracture; Without Manipulation | \$224.32 | |
| 23505 | Treatment Of Closed Clavicular Fracture; With Manipulation | \$337.72 | |
| 23515 | Open Treatment Of Clavicular Fracture, Includes Internal Fixation, When Performed | \$592.48 | |
| 23520 | Closed Treatment Of Sternoclavicular Dislocation; Without Manipulation | \$227.49 | |
| 23525 | Treatment Of Closed Sternoclavicular Dislocation; With Manipulation | \$373.04 | |
| 23530 | Open Treatment Of Sternoclavicular Dislocation, Acute Or Chronic; | \$529.61 | |
| 23532 | Open Treatment Of Closed Or Open Sternoclavicular Dislocation, Acute Or Chronic; With Fascial Graft (Includes Obtaining Graft) | \$575.35 | |
| 23540 | Closed Treatment Of Acromioclavicular Dislocation; Without Manipulation | \$225.10 | |
| 23545 | Treatment Of Closed Acromioclavicular Dislocation; With Manipulation | \$330.41 | |
| 23550 | Open Treatment Of Acromioclavicular Dislocation, Acute Or Chronic; | \$585.39 | |
| 23552 | Open Treatment Of Closed Or Open Acromioclavicular Dislocation, Acute Or Chronic; With Fascial Graft (Includes Obtaining Graft) | \$642.06 | |
| 23570 | Closed Treatment Of Scapular Fracture; Without Manipulation | \$168.39 | |
| 23575 | Closed Treatment Of Scapular Fracture; With Manipulation, With Or Without Skeletal Traction (With Or Without Shoulder Joint Involvement) | \$385.20 | |
| 23585 | Open Treatment Of Scapular Fracture (Body, Glenoid Or Acromion) Includes Internal Fixation, When Performed | \$840.68 | |
| 23600 | Closed Treatment A Fracture Of The Upper End Of The Upper Arm Bone Without Manipulation | \$338.28 | |
| 23605 | Closed Treatment Of A Break Of The Upper Portion Of Upper Arm Bone With Manipulation | \$439.98 | |
| 23615 | Open Treatment Of Broken Upper Arm Bone, Upper End | \$799.43 | |
| 23616 | Open Treatment Of Proximal Humeral (Surgical Or Anatomical Neck) Fracture, Includes Internal Fixation, When Performed, Includes Repair Of Tuberosity(S), When Performed; With Proximal Humeral Prosthetic Replacement | \$1,117.90 | |
| 23620 | Closed Treatment Of Greater Humeral Tuberosity Fracture; Without Manipulation | \$203.78 | |
| 23625 | Treatment Of Closed Greater Tuberosity Fracture; With Manipulation | \$360.43 | |
| 23630 | Open Treatment Of Greater Humeral Tuberosity Fracture, Includes Internal Fixation, When Performed | \$712.77 | |
| 23650 | Closed Treatment Of Shoulder Dislocation, With Manipulation; Without Anesthesia | \$295.01 | |
| 23655 | Treatment Of Closed Shoulder Dislocation, With Manipulation; Requiring Anesthesia | \$279.38 | |
| 23660 | Open Treatment Of Acute Shoulder Dislocation | \$537.56 | |
| 23665 | Closed Treatment Of Shoulder Dislocation, With Fracture Of Greater Humeral Tuberosity, With Manipulation | \$406.16 | |
| 23670 | Open Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture Of The Upper Arm Bone Boney Prominence Outside Of The Joint | \$793.57 | |
| 23675 | Closed Treatment Of Shoulder Dislocation, With Surgical Or Anatomical Neck Fracture, With Manipulation | \$514.54 | |
| 23680 | Open Treatment Of Shoulder Dislocation And Broken Upper Arm Bone With A Fracture Of The Upper Arm Head Or Neck | \$844.16 | |
| 23700 | *Manipulation Under Anesthesia, Including Application Of Fixation Apparatus (Dislocation Excluded) | \$172.31 | |
| 23800 | Arthrodesis, Glenohumeral Joint; | \$932.95 | |
| 23802 | Arthrodesis, Glenohumeral Joint; With Autogenous Graft (Includes Obtaining Graft) | \$1,162.21 | |
| 23900 | Interthorascapular Amputation (Forequarter) | \$1,250.83 | |
| 23920 | Removal Of Tendons, Ligaments, And Muscles Of Shoulder | \$1,017.46 | |
| 23921 | Removal Of Tendons, Ligaments, And Muscles Of Shoulder, Secondary Closure | \$434.28 | |
| 23929 | Unlisted Procedure, Shoulder | Price By Report | |
| 23930 | Incision And Drainage; Deep Abscess Or Hematoma | \$251.94 | |
| 23931 | Incision And Drainage, Upper Arm Or Elbow Area; Bursa | \$214.35 | |
| 23935 | Incision, Deep, With Opening Of (Eg, Cortex For Osteomyelitis Or Bone Abscess); | \$470.72 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|------------|-------------------|
| 24000 | Incision Of Elbow With Exploration, Drainage, Or Removal Of Foreign Body | \$436.25 | |
| 24006 | Arthrotomy Of The Elbow, With Capsular Excision For Capsular Release (Separate Procedure) | \$673.09 | |
| 24065 | Biopsy Of Soft Tissue Of Upper Arm Or Elbow, Superficial | \$249.77 | |
| 24066 | Biopsy Of Soft Tissue Of Upper Arm Or Elbow, Deep | \$584.82 | |
| 24071 | Biopsy, Soft Tissue Of Upper Arm Or Elbow Area; 3 Cm Or Greater | \$429.09 | |
| 24073 | Biopsy, Soft Tissue Of Upper Arm Or Elbow Area; 5 Cm Or Greater | \$736.94 | |
| 24075 | Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area, Subcutaneous; Less Than 3 Cm | \$474.37 | |
| 24076 | Excision, Tumor, Soft Tissue Of Upper Arm Or Elbow Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm | \$413.34 | |
| 24077 | Removal (Less Than 5 Centimeters) Tissue Growth Of Upper Arm Or Elbow | \$929.65 | |
| 24079 | Removal (5 Centimeters Or Greater) Tissue Growth Of Upper Arm Or Elbow | \$1,186.45 | |
| 24100 | Arthrotomy, Elbow; With Synovial Biopsy Only | \$388.22 | |
| 24101 | Arthrotomy, Elbow; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body | \$466.13 | |
| 24102 | Arthrotomy, Elbow; With Synovectomy | \$569.32 | |
| 24105 | Excision, Olecranon Bursa | \$319.91 | |
| 24110 | Removal Of Upper Arm Bone Cyst Or Growth Without A Bone Graft | \$543.12 | |
| 24115 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Humerus; With Primary Autogenous Graft (Includes Obtaining Graft) | \$706.05 | |
| 24116 | Removal Of Upper Arm Bone Cyst Or Growth With A Bone Graft | \$783.27 | |
| 24120 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; | \$491.90 | |
| 24125 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Primary Autogenous Graft (Includes Obtaining Graft) | \$572.40 | |
| 24126 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Head Or Neck Of Radius Or Olecranon Process; With Homogenous Or Other Nonautogenous Graft | \$597.08 | |
| 24130 | Excision, Radial Head | \$471.69 | |
| 24134 | Removal Of Dead Upper Arm Bone For Bone Infection In The Main Portion And Lower Portion Or The Bone | \$683.24 | |
| 24136 | Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Radial Head Or Neck; | \$580.70 | |
| 24138 | Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess), Olecranon Process; | \$633.37 | |
| 24140 | Partial Removal Of Upper Arm Bone (Humerus) For Bone Infection | \$644.88 | |
| 24145 | Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis), Radial Head Or Neck | \$546.42 | |
| 24147 | Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis), Olecranon Process | \$580.62 | |
| 24149 | Radical Resection Of Capsule, Soft Tissue, And Heterotopic Bone, Elbow, With Contracture Release (Separate Procedure) | \$1,189.23 | |
| 24150 | Radical Resection Of Tumor, Shaft Or Distal Humerus | \$1,392.14 | |
| 24152 | Radical Resection Of Tumor, Radial Head Or Neck | \$1,212.61 | |
| 24155 | Resection Of Elbow Joint (Arthrectomy) | \$775.85 | |
| 24160 | Removal Of Elbow Joint Hardware | \$1,135.85 | |
| 24164 | Removal Of Hardware Of Forearm Bone At Elbow Joint | \$661.41 | |
| 24200 | Removal Of Foreign Body Of Upper Arm Or Elbow Area, Accessed Beneath The Skin | \$153.03 | |
| 24201 | Removal Of Foreign Body, Upper Arm Or Elbow Area | \$517.16 | |
| 24220 | Injection Procedure For Elbow Arthrography | \$137.94 | |
| 24300 | Manipulation, Elbow, Under Anesthesia | \$395.68 | |
| 24301 | Muscle Or Tendon Transfer, Any Type, Single (Excluding 24330) | \$685.94 | |
| 24305 | Tendon Lengthening, Upper Arm Or Elbow, Each Tendon | \$427.02 | |
| 24310 | Incision Of Tendon Located From Elbow To Shoulder, Open Procedure | \$417.10 | |
| 24320 | Tenoplasty, With Muscle Transfer, With Or Without Free Graft, Elbow To Shoulder, Single (Seddon-Brookes Type Procedure) | \$712.07 | |
| 24330 | Flexor-Plasty, Elbow, (Eg, Steindler Type Advancement); | \$656.92 | |
| 24331 | Relocation Of Forearm Tendons With Advancement Of The Extensor Tendons | \$716.87 | |
| 24332 | Tenolysis, Triceps | \$565.94 | |
| 24340 | Tenodesis Of Biceps Tendon At Elbow (Separate Procedure) | \$568.34 | |
| 24341 | Repair, Tendon Or Muscle, Upper Arm Or Elbow, Each Tendon Or Muscle, Primary Or Secondary (Excludes Rotator Cuff) | \$502.39 | |
| 24342 | Reinsertion Of Ruptured Biceps Or Triceps Tendon, Distal, With Or Without Tendon Graft | \$787.74 | |
| 24343 | Repair Of Ligament On The Outside Of The Elbow With Local Tissue | \$714.43 | |
| 24344 | Repair Of Ligament On The Outside Of The Elbow With A Tendon Graft | \$998.88 | |
| 24345 | Repair Of Ligament On The Inside Of The Elbow With Local Tissue | \$709.38 | |
| 24346 | Repair Of Ligament On The Inside Of The Elbow With A Tendon Graft | \$1,005.49 | |
| 24357 | Incision Of Tendon To Repair Elbow Joint, Accessed Through The Skin | \$447.26 | |
| 24358 | Removal Of Tissue And/Or Bone At Elbow, Open Procedure | \$526.62 | |
| 24359 | Removal Of Tissue And/Or Bone At Elbow With Tendon Repair, Open Procedure | \$665.45 | |
| 24360 | Repair Of Elbow Joint With Interposition Of Tissue | \$822.77 | |
| 24361 | Repair Of Elbow Joint With Replacement Of The Endo Of The Upper Arm Bone At The Elbow | \$916.14 | |
| 24362 | Repair Of Elbow Joint With And Implant And Fibrous Tissue Reconstruction | \$963.10 | |
| 24363 | Arthroplasty, Elbow; With Distal Humerus And Proximal Ulnar Prosthetic Replacement (Eg, Total Elbow) | \$1,308.94 | |
| 24365 | Joint Repair (Arthroplasty) Forearm Bone On The Thumb Side (Radius) At The Elbow Without An Implant | \$587.93 | |
| 24366 | Joint Repair (Arthroplasty) Forearm Bone On The Thumb Side (Radius) At The Elbow With And Implant | \$625.00 | |
| 24370 | Revision Of Total Elbow Repair (Arthroplasty), Upper Arm Or Forearm Components | \$1,390.39 | |
| 24371 | Revision Of Total Elbow Repair (Arthroplasty), Upper Arm And Forearm Components | \$1,595.13 | |
| 24400 | Osteotomy, Humerus, With Or Without Internal Fixation | \$754.50 | |
| 24410 | Multiple Osteotomies With Realignment On Intramedullary Rod (Sofield Type Procedure) | \$961.22 | |
| 24420 | Osteoplasty, Humerus (Eg, Shortening Or Lengthening) | \$980.61 | |
| 24430 | Repair Of Nonunion Or Malunion, Humerus; Without Graft (Eg, Compression Technique, Etc) | \$1,065.20 | |
| 24435 | Repair Of Nonunion Or Malunion, Humerus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) | \$1,093.29 | |
| 24470 | Herniophysseal Arrest (Eg, Cubitus Varus Or Valgus, Distal Humerus) | \$616.73 | |
| 24495 | Decompression Fasciotomy, Forearm, With Brachial Artery Exploration | \$570.98 | |
| 24498 | Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring), With Or Without Methylmethacrylate, Humeral Shaft | \$789.37 | |
| 24500 | Closed Treatment A Fracture Of The Mid Portion Of The Upper Arm Bone Without Manipulation | \$364.39 | |
| 24505 | Closed Treatment Of A Break Of The Mid Portion Of Upper Arm Bone With Manipulation | \$395.71 | |
| 24515 | Open Treatment Of Broken Upper Arm Bone, Mid-Portion | \$873.17 | |
| 24516 | Treatment Of Humeral Shaft Fracture, With Insertion Of Intramedullary Implant, With Or Without Cerclage And/Or Locking Screws | \$873.17 | |
| 24530 | Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; Without Manipulation | \$400.54 | |
| 24535 | Closed Treatment Of Supracondylar Or Transcondylar Humeral Fracture, With Or Without Intercondylar Extension; With Manipulation, With Or Without Skin Or Skeletal Traction | \$468.54 | |
| 24538 | Insertion Of Hardware To Growth Plate Or Broken Upper Arm Bone At Elbow, Accessed Through The Skin | \$811.30 | |
| 24545 | Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed; Without Intercondylar Extension | \$870.47 | |
| 24546 | Open Treatment Of Humeral Supracondylar Or Transcondylar Fracture, Includes Internal Fixation, When Performed; With Intercondylar Extension | \$975.23 | |
| 24560 | Closed Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral; Without Manipulation | \$231.15 | |
| 24565 | Treatment Of Closed Epicondylar Fracture, Medial Or Lateral; With Manipulation | \$506.23 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 24566 | Insertion Of Hardware To Broken Upper Arm Bone At Elbow With Manipulation, Accessed Through The Skin | \$662.96 | |
| 24575 | Open Treatment Of Humeral Epicondylar Fracture, Medial Or Lateral, Includes Internal Fixation, When Performed | \$750.77 | |
| 24576 | Closed Treatment Of Humeral Condylar Fracture, Medial Or Lateral; Without Manipulation | \$244.34 | |
| 24577 | Treatment Of Closed Condylar Fracture, Medial Or Lateral; With Manipulation | \$399.82 | |
| 24579 | Open Treatment Of Humeral Condylar Fracture, Medial Or Lateral, Includes Internal Fixation, When Performed | \$775.26 | |
| 24582 | Insertion Of Hardware To Broken Upper Arm Bone At Shoulder With Manipulation, Accessed Through The Skin | \$612.84 | |
| 24586 | Open Treatment Of Broken And/Or Dislocated Upper Or Lower Arm Bones At Elbow | \$1,097.59 | |
| 24587 | Open Treatment Of Broken And/Or Dislocated Upper Or Lower Arm Bones At Elbow With Implant | \$987.67 | |
| 24600 | Treatment Of Closed Elbow Dislocation; Without Anesthesia | \$256.18 | |
| 24605 | Treatment Of Closed Elbow Dislocation; Requiring Anesthesia | \$326.13 | |
| 24615 | Open Treatment Of Acute Or Chronic Elbow Dislocation | \$766.68 | |
| 24620 | Closed Treatment Of Monteggia Type Of Fracture Dislocation At Elbow (Fracture Proximal End Of Ulna With Dislocation Of Radial Head), With Manipulation | \$439.49 | |
| 24635 | Open Treatment Of Monteggia Type Of Fracture Dislocation At Elbow (Fracture Proximal End Of Ulna With Dislocation Of Radial Head), Includes Internal Fixation, When Performed | \$689.31 | |
| 24640 | Closed Treatment Of Dislocated Forearm Bone Of Elbow, Child | \$110.87 | |
| 24650 | Closed Treatment Of Radial Head Or Neck Fracture; Without Manipulation | \$253.14 | |
| 24655 | Closed Treatment Of Broken Forearm (Radius) Bone At The Elbow Area On The Outside Part Of The Arm With Manipulation | \$308.00 | |
| 24665 | Open Treatment Of The Forearm Bone On The Thumb Side Of The Forearm (Radius Bone) In The Elbow Region | \$630.03 | |
| 24666 | Open Treatment Of Radial Head Or Neck Fracture, Includes Internal Fixation Or Radial Head Excision, When Performed; With Radial Head Prosthetic Replacement | \$745.74 | |
| 24670 | Closed Treatment Of Ulnar Fracture, Proximal End (Eg, Olecranon Or Coronoid Process[Es]); Without Manipulation | \$203.06 | |
| 24675 | Closed Treatment Of Broken Forearm (Ulna) Bone At The Elbow Area On The Inside Or Back Part Of The Arm With Manipulation | \$435.51 | |
| 24685 | Open Treatment Of The Forearm Bone On The Small Finger Side Of The Forearm (Ulna Bone) In The Elbow Region | \$690.55 | |
| 24800 | Fusion Of Elbow Joint Without Bone Graft From The Patient | \$761.39 | |
| 24802 | Fusion Of Elbow Joint With Bone Graft From The Patient | \$911.66 | |
| 24900 | Amputation, Arm Through Humerus; With Primary Closure | \$703.16 | |
| 24920 | Amputation At Upper Arm Bone, Open Procedure | \$669.49 | |
| 24925 | Amputation, Arm Through Humerus; Secondary Closure Or Scar Revision | \$539.09 | |
| 24930 | Amputation, Arm Through Humerus; Reamputation | \$740.89 | |
| 24931 | Amputation, Arm Through Humerus; With Implant | \$845.52 | |
| 24935 | Stump Elongation | \$1,120.93 | |
| 24940 | Cineplasty, Upper Extremity, Complete Procedure | \$1,567.04 | |
| 24999 | Unlisted Procedure, Humerus Or Elbow | Price By Report | |
| 25000 | Incision Or The Tendon Covering On The Top Side Of The Wrist | \$301.28 | |
| 25001 | Incision Or The Tendon Covering On The Palm Side Of The Wrist | \$323.62 | |
| 25020 | Incision Of Tissue Of Forearm And/Or Wrist Muscle Compartment On One Side Of The Forearm To Relieve Pressure, Without Removal Of Tissue | \$522.93 | |
| 25023 | Incision Of Tissue Of Forearm And/Or Wrist Muscle Compartment On One Side Of The Forearm To Relieve Pressure, With Removal Of Tissue | \$1,149.74 | |
| 25024 | Incision Of Tissue Of Forearm And/Or Wrist Muscle Compartment On Both Sides Of The Forearm To Relieve Pressure, Without Removal Of Tissue | \$714.99 | |
| 25025 | Incision Of Tissue Of Forearm And/Or Wrist Muscle Compartment On Both Sides Of The Forearm To Relieve Pressure, With Removal Of Tissue | \$1,068.67 | |
| 25028 | Incision And Drainage; Deep Abscess Or Hematoma | \$490.47 | |
| 25031 | Incision And Drainage, Forearm And/Or Wrist; Bursa | \$341.70 | |
| 25035 | Incision, Deep, Bone Cortex, Forearm And/Or Wrist (Eg, Osteomyelitis Or Bone Abscess) | \$557.62 | |
| 25040 | Arthrotomy, Radiocarpal Or Midcarpal Joint, With Exploration, Drainage, Or Removal Of Foreign Body | \$521.46 | |
| 25065 | Biopsy Of Tissue Of Forearm And/Or Wrist, Superficial | \$246.49 | |
| 25066 | Biopsy Of Tissue Of Forearm And/Or Wrist, Deep | \$338.96 | |
| 25071 | Biopsy, Soft Tissue Of Forearm And/Or Wrist; 3 Cm Or Greater | \$449.83 | |
| 25073 | Biopsy, Soft Tissue Of Forearm And/Or Wrist; 3 Cm Or Greater | \$490.63 | |
| 25075 | Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Area, Subcutaneous; Less Than 3 Cm | \$365.75 | |
| 25076 | Excision, Tumor, Soft Tissue Of Forearm And/Or Wrist Area, Subfascial (Eg, Intramuscular); Less Than 3 Cm | \$476.07 | |
| 25077 | Removal (Less Than 3 Centimeters) Tissue Growth At Forearm And/Or Wrist | \$806.94 | |
| 25078 | Removal (3 Centimeters Or Greater) Tissue Growth At Forearm And/Or Wrist | \$1,044.87 | |
| 25085 | Incision To Repair Or Release Wrist Joint Covering | \$413.14 | |
| 25100 | Arthrotomy, Wrist Joint; With Biopsy | \$325.12 | |
| 25101 | Arthrotomy, Wrist Joint; With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Foreign Body | \$417.73 | |
| 25105 | Incision Into Wrist Joint With Removal Of Joint Lining Tissue | \$450.92 | |
| 25107 | Arthrotomy, Distal Radioulnar Joint Including Repair Of Triangular Cartilage, Complex | \$542.86 | |
| 25109 | Excision Of Tendon, Forearm And/Or Wrist, Flexor Or Extensor, Each | \$494.82 | |
| 25110 | Excision, Lesion Of Tendon Sheath | \$373.82 | |
| 25111 | Removal Of Cyst At Wrist, Initial Or Primary | \$336.07 | |
| 25112 | Removal Of Cyst At Wrist, Recurrent | \$399.17 | |
| 25115 | Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Under Side Of The Wrist (Flexor Tendons) | \$660.51 | |
| 25116 | Removal Of Fluid-Filled Sac (Bursa) Of Wrist Joint Lining Or Forearm Tendon, On The Top Side Of The Wrist Extensor Tendons) | \$557.12 | |
| 25118 | Synovectomy, Extensor Tendon Sheath, Wrist, Single Compartment; | \$395.40 | |
| 25119 | Removal Of Lining Of Tendon Covering Of Wrist With Removal Of The End Of The Forearm Bone On The Small Finger Side Of The Wrist | \$463.86 | |
| 25120 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); | \$515.96 | |
| 25125 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); With Primary Autogenous Graft (Includes Obtaining Graft) | \$547.93 | |
| 25126 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Radius Or Ulna (Excluding Head Or Neck Of Radius And Olecranon Process); With Homogenous Or Other Nonautogenous Graft | \$551.54 | |
| 25130 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones; | \$419.36 | |
| 25135 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones; With Primary Autogenous Graft (Includes Obtaining Graft) | \$517.02 | |
| 25136 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Carpal Bones; With Homogenous Or Other Nonautogenous Graft | \$444.78 | |
| 25145 | Sequestrectomy (Eg, For Osteomyelitis Or Bone Abscess); | \$480.89 | |
| 25150 | Partial Removal Of Forearm Bone On The Small Finger Side For Bone Infection | \$523.45 | |
| 25151 | Partial Removal Of Forearm Bone On The Thumb Side For Bone Infection | \$538.62 | |
| 25170 | Radical Resection Of Tumor, Radius Or Ulna | \$1,324.01 | |
| 25210 | Removal Of Wrist Bone, One Wrist Bone Not Specified | \$443.11 | |
| 25215 | Carpectomy; All Bones Or Proximal Row | \$570.69 | |
| 25230 | Radial Styloidectomy (Separate Procedure) | \$401.38 | |
| 25240 | Partial Removal Of The Forearm Bone On The Small Finger Side At The Wrist Area | \$398.33 | |
| 25246 | Injection Procedure For Wrist Arthrography | \$142.25 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|------------|-------------------|
| 25248 | Exploration With Removal Of Deep Foreign Body, Forearm Or Wrist | \$363.72 | |
| 25250 | Removal Of Wrist Prosthesis, Simple | \$492.37 | |
| 25251 | Removal Of Wrist Prosthesis, Complicated | \$658.23 | |
| 25259 | Manipulation, Wrist, Under Anesthesia | \$397.81 | |
| 25260 | Repair Of Tendon Or Muscle Of Forearm And/Or Wrist, Primary | \$572.10 | |
| 25263 | Repair Of Tendon Or Muscle Of Forearm And/Or Wrist, Secondary | \$584.16 | |
| 25265 | Repair Of Forearm And/Or Wrist Tendon Or Muscle On The Underside Of The Wrist (Flexor) With Graft | \$690.01 | |
| 25270 | Removal Of Upper Arm Bone Cyst Or Growth | \$384.80 | |
| 25272 | Repair Of Forearm And/Or Wrist Tendon Or Muscle On The Top Of The Wrist (Extensor), Secondary | \$515.52 | |
| 25274 | Repair Of Forearm And/Or Wrist Tendon Or Muscle On The Top Of The Wrist (Extensor) With Graft | \$611.95 | |
| 25275 | Repair, Tendon Sheath, Extensor, Forearm And/Or Wrist, With Free Graft (Includes Obtaining Graft) (Eg, For Extensor Carpi Ulnaris Subluxation) | \$618.51 | |
| 25280 | Lengthening Or Shortening Of Flexor Or Extensor Tendon, Single, Each Tendon | \$522.88 | |
| 25290 | Incision Of Tendon Of Forearm And/Or Wrist, Open Procedure | \$318.19 | |
| 25295 | Tenolysis, Single Flexor Or Extensor Tendon, Each Tendon | \$395.23 | |
| 25300 | Anchoring Of Flexing Tendon Of Fingers To Wrist Bone | \$634.05 | |
| 25301 | Anchoring Of Extending Tendon Of Fingers To Wrist Bone | \$591.77 | |
| 25310 | Tendon Transplantation Or Transfer, Flexor Or Extensor, Single, Each Tendon | \$636.02 | |
| 25312 | Tendon Transplantation Or Transfer, Flexor Or Extensor, Single; With Tendon Graft(S) (Includes Obtaining Graft), Each Tendon | \$656.95 | |
| 25315 | Flexor Origin Slide (Eg, For Cerebral Palsy, Volkmann Contracture), Forearm And/Or Wrist; | \$702.89 | |
| 25316 | Flexor Origin Slide For Cerebral Palsy; With Tendon(S) Transfer | \$834.78 | |
| 25320 | Repair Of Wrist Joint, Open Procedure | \$862.16 | |
| 25332 | Repair Of Wrist Joint (Arthroplasty) | \$773.22 | |
| 25335 | Transposition And Realignment Of Hand Over Ulna With Or Without Removal Of Bone Or Bones, And With Or Without Tendon Transfer Or Advancement (Riordon Type Operation) | \$860.23 | |
| 25337 | Reconstruction For Stabilization Of Unstable Distal Ulna Or Distal Radioulnar Joint, Secondary By Soft Tissue Stabilization (Eg, Tendon Transfer, Tendon Graft Or Weave, Or Tenodesis) With Or Without Open Reduction Of Distal Radioulnar Joint | \$813.41 | |
| 25350 | Incision Or Wedge Of Forearm Bone (Radius) On The Thumb Side Of The Forearm Towards The Wrist Area | \$620.37 | |
| 25355 | Incision Or Wedge Of Forearm Bone (Radius) On The Thumb Side Of The Forearm In The Mid Forearm Region | \$699.28 | |
| 25360 | Incision Or Wedge Of Forearm Bone (Ulna) On The Small Finger Side Of The Forearm | \$602.81 | |
| 25365 | Incision Or Wedge Of Both Forearm Bones (Ulna And Radius) | \$928.84 | |
| 25370 | Incisions Or Wedges Of One Or Both Forearm Bones (Ulna And Radius) With Insertion Of A Rod Inside The Bone | \$922.54 | |
| 25375 | Multiple Osteotomies, With Realignment On Intramedullary Rod (Sofield Type Procedure); Radius And Ulna | \$868.64 | |
| 25390 | Osteoplasty, Radius Or Ulna; Shortening | \$795.47 | |
| 25391 | Osteoplasty, Radius Or Ulna; Lengthening With Autogenous Bone Graft | \$905.99 | |
| 25392 | Osteoplasty, Radius And Ulna; Shortening | \$921.61 | |
| 25393 | Osteoplasty, Radius And Ulna; Lengthening With Autogenous Bone Graft | \$1,023.82 | |
| 25394 | Osteoplasty, Carpal Bone, Shortening | \$797.07 | |
| 25400 | Repair Of Nonunion Or Malunion, Radius Or Ulna; Without Graft (Eg, Compression Technique, Etc) | \$815.50 | |
| 25405 | Repair Of Nonunion Or Malunion, Radius Or Ulna; With Autograft (Includes Obtaining Graft) | \$945.86 | |
| 25415 | Repair Of Nonunion Or Malunion, Radius And Ulna; Without Graft (Eg, Compression Technique, Etc) | \$881.31 | |
| 25420 | Repair Of Nonunion Or Malunion, Radius And Ulna; With Autograft (Includes Obtaining Graft) | \$1,057.33 | |
| 25425 | Repair Of Defect With Autogenous Bone Graft; Radius Or Ulna | \$877.59 | |
| 25426 | Repair Of Defect With Autogenous Bone Graft; Radius And Ulna | \$1,018.25 | |
| 25430 | Insertion Of Vascular Pedicle Into Carpal Bone (Eg, Harii Procedure) | \$669.99 | |
| 25431 | Repair Of Non-Healed Wrist Bone Other Than (Scaphoid Or Navicular) | \$719.26 | |
| 25440 | Repair Of Non-Healed Wrist Bone, Scaphoid Or Navicular At The Base Of The Thumb | \$808.25 | |
| 25441 | Arthroplasty Or Replacement Of The End Of The Forearm Bone On The Thumb Side At The Wrist Level | \$854.44 | |
| 25442 | Arthroplasty Or Replacement Of The End Of The Forearm Bone On The Small Finger Side At The Wrist Level | \$743.17 | |
| 25443 | Arthroplasty Or Replacement Of Wrist Bone, One Wrist Bone (Scaphoid Or Navicular Bone) | \$718.37 | |
| 25444 | Arthroplasty Or Replacement Of Wrist Bone, One Wrist Bone (Lunate Bone) | \$759.45 | |
| 25445 | Arthroplasty Or Replacement Of Wrist Bone, One Wrist Bone (Trapezium Bone) | \$660.23 | |
| 25446 | Arthroplasty Or Replacement Of The Entire Wrist Joint | \$1,064.95 | |
| 25447 | Arthroplasty, Interposition, Intercarpal Or Carpometacarpal Joints | \$847.91 | |
| 25449 | Arthroplasty With Removal Of Implant | \$943.09 | |
| 25450 | Stapling Of Growth Plate Of Either Of The Two Main Forearm Bones | \$567.91 | |
| 25455 | Stapling Of Growth Plate Of Both Of The Two Main Forearm Bones | \$669.99 | |
| 25490 | Stabilization Of Forearm Bone On The Thumb Side (Radius) | \$657.90 | |
| 25491 | Stabilization Of Forearm Bone On The Small Finger Side (Ulna) | \$675.82 | |
| 25492 | Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate; Radius And Ulna | \$826.70 | |
| 25500 | Closed Treatment Of Broken Forearm Bone (Radius) At The Mid Portion On The Thumb Side Of The Arm Without Manipulation | \$253.34 | |
| 25505 | Closed Treatment Of Broken Forearm Bone (Radius) At The Mid Portion On The Thumb Side Of The Arm With Manipulation | \$359.68 | |
| 25515 | Open Treatment Of The Shaft Of The Forearm Bone On The Thumb Side Of The Forearm (Radius Bone) | \$690.07 | |
| 25520 | Closed Treatment Of Broken Forearm And Dislocated Wrist Bones | \$499.56 | |
| 25525 | Open Treatment Of Radial Shaft Fracture, Includes Internal Fixation, When Performed, And Closed Treatment Of Distal Radioulnar Joint Dislocation (Galeazzi Fracture/ Dislocation), Includes Percutaneous Skeletal Fixation, When Performed | \$802.98 | |
| 25526 | Open Treatment Of The Shaft Of The Forearm Bone On The Thumb Side Of The Forearm (Radius Bone) Associated With A Dislocation At The Wrist, Includes Internal Hardware | \$872.19 | |
| 25530 | Closed Treatment Of Broken Forearm Bone (Ulna) At The Mid Portion On The Small Finger Side Of The Arm Without Manipulation | \$183.39 | |
| 25535 | Closed Treatment Of Broken Forearm Bone (Ulna) At The Mid Portion On The Small Finger Side Of The Arm With Manipulation | \$359.49 | |
| 25545 | Open Treatment Of The Shaft Of The Forearm Bone On The Small Finger Side Of The Forearm, Ulna Bone | \$675.51 | |
| 25560 | Closed Treatment Of Both Forearm Bones (Ulna And Ulna) At The Mid Portion Without Manipulation | \$276.13 | |
| 25565 | Treatment Of Closed Radial And Ulnar Shaft Fractures; With Manipulation | \$565.78 | |
| 25574 | Open Treatment Of Broken One Forearm Bone | \$668.62 | |
| 25575 | Open Treatment Of Broken Both Forearm Bones | \$857.88 | |
| 25600 | Closed Treatment Of Broken Forearm (Radius) Bone At The Wrist Area On The Thumb Side Of The Wrist Without Manipulation | \$303.52 | |
| 25605 | Treatment Of Closed Distal Radial Fracture (Eg, Colles Or Smith Type) Or Epiphyseal Separation, With Or Without Fracture Of Ulnar Styloid; With Manipulation | \$559.61 | |
| 25606 | Insertion Of Hardware To Lower Forearm Bone Broken Or Growth Plate Separation, Accessed Through The Skin | \$671.11 | |
| 25607 | Open Treatment Of Distal Radial Extra-Articular Fracture Or Epiphyseal Separation, With Internal Fixation | \$732.70 | |
| 25608 | Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 2 Fragments | \$827.60 | |
| 25609 | Open Treatment Of Distal Radial Intra-Articular Fracture Or Epiphyseal Separation; With Internal Fixation Of 3 Or More Fragments | \$1,055.88 | |
| 25622 | Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, Without Manipulation | \$213.62 | |
| 25624 | Closed Treatment Of Broken Wrist Bone (Carpal) (Navicular) Near The Thumb Side Of The Wrist, With Manipulation | \$440.69 | |
| 25628 | Open Treatment Of Broken Wrist (Carpal) Bone, Between The Thumb And Wrist (Navicular) | \$634.92 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 25630 | Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, Without Manipulation | \$211.71 | |
| 25635 | Closed Treatment Of Broken Wrist Bone (Carpal) Other Than The Navicular Bone Near The Thumb Side Of The Wrist, With Manipulation | \$438.21 | |
| 25645 | Open Treatment Of Broken Other Wrist (Carpal) Bone, Than The Bone Between The Thumb And Wrist (Navicular) | \$570.94 | |
| 25650 | Closed Treatment Of Ulnar Styloid Fracture | \$229.07 | |
| 25651 | Insertion Of Hardware Broken Bone Of Forearm At Wrist, Accessed Through The Skin | \$479.07 | |
| 25652 | Open Treatment Of Ulnar Styloid Fracture | \$626.97 | |
| 25660 | Closed Treatment Of Dislocated Wrist Between The Forearm Bone And The Hand, With Manipulation | \$418.40 | |
| 25670 | Open Treatment Of Radiocarpal Or Intercarpal Dislocation, One Or More Bones | \$559.62 | |
| 25671 | Insertion Of Hardware To Dislocated Wrist, Accessed Through The Skin | \$490.35 | |
| 25675 | Closed Treatment Of Dislocated Wrist Between The Thumb Side And Small Finger Side Forearm Bones At The Wrist, With Manipulation | \$308.73 | |
| 25676 | Open Treatment Of Distal Radioulnar Dislocation, Acute Or Chronic | \$580.76 | |
| 25680 | Closed Treatment Of Dislocated Wrist Through The Mid Portion Of The Wrist (Carpus) Bones With Manipulation | \$492.10 | |
| 25685 | Open Treatment Of Trans-Scaphoperilunar Type Of Fracture Dislocation | \$672.32 | |
| 25690 | Closed Treatment Of Lunate Dislocation, With Manipulation | \$456.84 | |
| 25695 | Open Treatment Of Dislocation Wrist Bone (Lunate) | \$582.35 | |
| 25800 | Arthrodesis, Wrist; Complete, Without Bone Graft (Includes Radiocarpal And/ Or Intercarpal And/Or Carpometacarpal Joints) | \$745.96 | |
| 25805 | Arthrodesis, Wrist Joint; With Sliding Graft | \$774.18 | |
| 25810 | Arthrodesis, Wrist Joint; With Iliac Or Other Autogenous Distant Bone Graft (Includes Obtaining Graft) | \$792.17 | |
| 25820 | Arthrodesis, Wrist; Limited, Without Bone Graft (Eg, Intercarpal Or Radiocarpal) | \$684.12 | |
| 25825 | Intercarpal Fusion; With Autogenous Bone Graft (Includes Obtaining Graft) | \$736.72 | |
| 25830 | Arthrodesis, Distal Radioulnar Joint With Segmental Resection Of Ulna, With Or Without Bone Graft (Eg, Sauve-Kapandji Procedure) | \$969.11 | |
| 25900 | Amputation, Forearm, Through Radius And Ulna; | \$657.30 | |
| 25905 | Amputation Through Both Bones Of Forearm, Open Procedure | \$658.46 | |
| 25907 | Amputation, Forearm, Through Radius And Ulna; Secondary Closure Or Scar Revision | \$564.65 | |
| 25909 | Amputation, Forearm, Through Radius And Ulna; Reamputation | \$595.16 | |
| 25915 | Krukenberg Procedure | \$1,055.08 | |
| 25920 | Removal Of Tendons, Ligaments, And Muscles Of Wrist | \$676.36 | |
| 25922 | Removal Of Tendons, Ligaments, And Muscles Of Wrist, Secondary Closure | \$601.24 | |
| 25924 | Removal Of Tendons, Ligaments, And Muscles Of Wrist With Re-Amputation Of Remaining Arm | \$661.19 | |
| 25927 | Transmetacarpal Amputation; | \$813.82 | |
| 25929 | Transmetacarpal Amputation; Secondary Closure Or Scar Revision | \$550.79 | |
| 25931 | Transmetacarpal Amputation; Reamputation | \$756.17 | |
| 25999 | Unlisted Procedure, Forearm Or Wrist | Price By Report | |
| 26010 | Drainage Of Finger Abscess, Uncomplicated | \$248.78 | |
| 26011 | Drainage Of Finger Abscess, Complicated | \$346.99 | |
| 26020 | Drainage Of Tendon Sheath, Digit And/Or Palm, Each | \$377.51 | |
| 26025 | Drainage Of Palmar Bursa; Single, Bursa | \$389.60 | |
| 26030 | Drainage Of Palmar Bursa; Multiple Bursa | \$472.90 | |
| 26034 | Incision, Bone Cortex, Hand Or Finger (Eg, Osteomyelitis Or Bone Abscess) | \$485.08 | |
| 26035 | Decompression Fingers And/Or Hand, Injection Injury (Eg, Grease Gun, Etc) | \$747.02 | |
| 26037 | Decompressive Fasciotomy, Hand (Excludes 26035) | \$515.49 | |
| 26040 | Release Of Tissues Of Palm, Accessed Through The Skin | \$295.16 | |
| 26045 | Partial Release Of Tissues Of Palm, Open Procedure | \$410.35 | |
| 26055 | Tendon Sheath Incision (Eg, For Trigger Finger) | \$421.08 | |
| 26060 | Incision Of Finger Tendon, Accessed Through The Skin | \$241.32 | |
| 26070 | Exploration, Drainage, Or Removal Of Foreign Body Of Wrist Bone | \$299.20 | |
| 26075 | Exploration, Drainage, Or Removal Of Foreign Body Of Joint Between The Fingers And The Hand | \$307.32 | |
| 26080 | Exploration, Drainage, Or Removal Of Foreign Body Of Hand Joint Between The Finger Joints | \$353.74 | |
| 26100 | Arthrotomy With Biopsy; Carpometacarpal Joint, Each | \$315.82 | |
| 26105 | Arthrotomy With Biopsy; Metacarpophalangeal Joint, Each | \$317.90 | |
| 26110 | Arthrotomy With Synovial Biopsy; Interphalangeal Joint, Each | \$303.68 | |
| 26111 | Arthrotomy With Biopsy; 1.5 Cm Or Greater | \$424.56 | |
| 26113 | Arthrotomy With Biopsy; 1.5 Cm Or Greater | \$575.45 | |
| 26115 | Excision, Tumor Or Vascular Malformation, Soft Tissue Of Hand Or Finger, Subcutaneous; Less Than 1.5 Cm | \$385.95 | |
| 26116 | Excision, Tumor, Soft Tissue, Or Vascular Malformation, Of Hand Or Finger, Subfascial (Eg, Intramuscular); Less Than 1.5 Cm | \$378.40 | |
| 26117 | Removal (Less Than 3 Centimeters) Tissue Growth Of Hand Or Finger | \$675.63 | |
| 26118 | Removal (3 Centimeters Or Greater) Tissue Growth Of Hand Or Finger | \$961.68 | |
| 26121 | Removal Of Tissue Of Palm Only | \$553.21 | |
| 26123 | Removal Of Tissue Of Palm And Release Of Finger | \$855.63 | |
| 26125 | Removal Of Tissue Of Palm And Release Of Finger, Additional Digit | \$267.74 | |
| 26130 | Removal Of The Lining Of The Wrist Joint | \$434.37 | |
| 26135 | Synovectomy, Metacarpophalangeal Joint Including Intrinsic Release And Extensor Hood Reconstruction, Each Digit | \$512.51 | |
| 26140 | Removal Of The Joint Lining And Repair Of The Tendon On The Topside Of The Finger (Extensor Tendon) | \$470.67 | |
| 26145 | Repair Of Tendon, Finger And/Or Hand | \$530.15 | |
| 26160 | Excision Of Lesion Of Tendon Sheath Or Joint Capsule (Eg, Cyst, Mucous Cyst, Or Ganglion), Hand Or Finger | \$437.41 | |
| 26170 | Excision Of Tendon, Palm, Flexor Or Extensor, Single, Each Tendon | \$379.43 | |
| 26180 | Excision Of Tendon, Finger, Flexor Or Extensor, Each Tendon | \$384.47 | |
| 26185 | Sesamoidectomy, Thumb Or Finger (Separate Procedure) | \$514.58 | |
| 26200 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Metacarpal; | \$413.19 | |
| 26205 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Metacarpal; With Autogenous Graft (Includes Obtaining Graft) | \$556.90 | |
| 26210 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal, Middle Or Distal Phalanx; | \$415.76 | |
| 26215 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Proximal, Middle Or Distal Phalanx; With Autogenous Graft (Includes Obtaining Graft) | \$522.49 | |
| 26230 | Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone (Eg, Osteomyelitis); Metacarpal | \$461.97 | |
| 26235 | Partial Removal Of Finger Bone For Bone Infection At The Middle Of Hand Side Of The Finger | \$424.99 | |
| 26236 | Partial Removal Of Finger Bone For Bone Infection At The End Of The Finger | \$375.25 | |
| 26250 | Radical Resection Of Tumor, Metacarpal | \$965.92 | |
| 26260 | Radical Resection Of Tumor, Proximal Or Middle Phalanx Of Finger | \$725.40 | |
| 26262 | Radical Resection Of Tumor, Distal Phalanx Of Finger | \$577.21 | |
| 26320 | Removal Of Implant From Finger Or Hand | \$325.85 | |
| 26340 | Manipulation, Finger Joint, Under Anesthesia, Each Joint | \$333.26 | |
| 26341 | Manipulation Of Palm Pretendinous Cord Following Enzyme Injection | \$110.62 | |
| 26350 | Repair Of Finger Tendon On The Under Side Of The Hand (Flexor) Without A Graft Not In Zone 2 | \$654.75 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|------------|-------------------|
| 26352 | Repair Of Finger Tendon On The Under Side Of The Hand (Flexor) With A Graft Not In Zone 2 | \$795.00 | |
| 26356 | Repair Of Finger Tendon (Primary) On The Under Side Of The Hand (Flexor) Without A Graft In Zone 2 | \$825.45 | |
| 26357 | Repair Of Finger Tendon (Secondary) On The Under Side Of The Hand (Flexor) Without A Graft In Zone 2 | \$821.31 | |
| 26358 | Repair Of Finger Tendon On The Under Side Of The Hand (Flexor) With A Graft In Zone 2 | \$904.42 | |
| 26370 | Repair Of Finger Deep Tendon (Primary) On The Under Side Of The Hand (Flexor) With An Intact Superficial Tendon) | \$782.19 | |
| 26372 | Repair Of Finger Tendon (Secondary) On The Under Side Of The Hand (Flexor) With A Graft In Zone 2 | \$869.53 | |
| 26373 | Repair Of Finger Deep Tendon (Secondary) On The Under Side Of The Hand (Flexor) With An Intact Superficial Tendon) | \$838.39 | |
| 26390 | Repair Of Finger Tendon On The Under Side Of The Hand (Flexor) With Implanted Rod | \$827.81 | |
| 26392 | Removal Of Synthetic Rod And Insertion Of Flexor Tendon Graft, Hand Or Finger (Includes Obtaining Graft), Each Rod | \$946.52 | |
| 26410 | Repair, Extensor Tendon, Hand, Primary Or Secondary; Without Free Graft, Each Tendon | \$424.78 | |
| 26412 | Extensor Tendon Repair, Dorsum Of Hand, Single, Primary Or Secondary; With Free Graft (Includes Obtaining Graft), Each Tendon | \$686.31 | |
| 26415 | Excision Of Extensor Tendon, With Implantation Of Synthetic Rod For Delayed Tendon Graft, Hand Or Finger, Each Rod | \$922.47 | |
| 26416 | Removal Of Synthetic Rod And Insertion Of Extensor Tendon Graft (Includes Obtaining Graft), Hand Or Finger, Each Rod | \$870.78 | |
| 26418 | Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) Without A Graft | \$441.63 | |
| 26420 | Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) With A Graft | \$665.05 | |
| 26426 | Repair Of Extensor Tendon, Central Slip, Secondary (Eg, Boutonniere Deformity); Using Local Tissue(S), Including Lateral Band(S), Each Finger | \$519.02 | |
| 26428 | Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) With A Graft, Central Slip, Boutonniere Deformity | \$758.95 | |
| 26432 | Closed Treatment Of Distal Extensor Tendon Insertion, With Or Without Percutaneous Pinning (Eg, Mallet Finger) | \$385.09 | |
| 26433 | Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) Without A Graft Toward The End Of The Finger (Mallet Finger) | \$516.35 | |
| 26434 | Repair Of Finger Tendon On The Top Side Of The Hand (Extensor) Without A Graft Toward The End Of The Finger (Mallet Finger) With A Graft | \$487.26 | |
| 26437 | Realignment Finger Tendon On The Top Side Of The Hand (Extensor) Without A Graft | \$598.62 | |
| 26440 | Removal Of Scar Tissue To Release Tendon On The Palm Of The Hand (Flexor) Or Finger | \$587.47 | |
| 26442 | Tenolysis, Simple, Flexor Tendon; Palm And Finger, Each Tendon | \$937.84 | |
| 26445 | Removal Of Scar Tissue To Release Tendon On The Top Of The Hand (Extensor) Or Finger | \$431.39 | |
| 26449 | Tenolysis, Complex, Extensor Tendon, Finger, Including Forearm, Each Tendon | \$643.55 | |
| 26450 | Incision Of Tendon Of Palm, Open Procedure | \$445.41 | |
| 26455 | Incision Of Tendon Of Finger, Open Procedure | \$416.87 | |
| 26460 | Incision Of Tendon Of Hand Or Finger, Open Procedure | \$434.47 | |
| 26471 | Tenodesis; Of Proximal Interphalangeal Joint, Each Joint | \$632.18 | |
| 26474 | Tenodesis; Of Distal Joint, Each Joint | \$624.47 | |
| 26476 | Lengthening Of Tendon Of Hand Or Finger On The Back Of The Hand (Extensor) | \$617.16 | |
| 26477 | Shortening Of Tendon, Extensor, Hand Or Finger, Each Tendon | \$600.53 | |
| 26478 | Lengthening Of Tendon Of Hand Or Finger On The Front Of The Hand (Flexor) | \$634.82 | |
| 26479 | Shortening Of Tendon Of Hand Or Finger On The Front Of The Hand (Flexor) | \$646.20 | |
| 26480 | Transplant Of Tendon Of Hand, Without Graft | \$694.76 | |
| 26483 | Transplant Of Tendon Of Hand, With Graft | \$828.94 | |
| 26485 | Transplant Of Tendon To Palm, Without Tendon Graft Other Than Thumb | \$585.99 | |
| 26489 | Transplant Of Tendon To Palm, With Tendon Graft Other Than Thumb | \$913.53 | |
| 26490 | Transplant Of Thumb Tendon To Palm, Without Tendon Graft Other Than Thumb | \$744.46 | |
| 26492 | Transplant Of Thumb Tendon To Palm, With Tendon Graft Other Than Thumb | \$874.72 | |
| 26494 | Opponens Plasty; Hypothenar Muscle Transfer | \$796.57 | |
| 26496 | Transplant Of Tendon Thumb, Palm, Or Wrist | \$854.44 | |
| 26497 | Transfer Of Tendon To Restore Intrinsic Function; Ring And Small Finger | \$853.46 | |
| 26498 | Transfer Of Tendon Of Hand, All Four Fingers | \$1,100.45 | |
| 26499 | Correction Claw Finger, Other Methods | \$822.77 | |
| 26500 | Reconstruction Of Tendon Pulley, Each Tendon; With Local Tissues (Separate Procedure) | \$594.15 | |
| 26502 | Tendon Pulley Reconstruction; With Tendon Or Fascial Graft (Includes Obtaining Graft) (Separate Procedure) | \$718.50 | |
| 26508 | Release Of Thenar Muscle(S) (Eg, Thumb Contracture) | \$474.65 | |
| 26510 | Cross Intrinsic Transfer, Each Tendon | \$614.74 | |
| 26516 | Repair Of Joint Capsule Of Hand And Finger, One Finger | \$707.86 | |
| 26517 | Repair Of Joint Capsule Of Hand And Finger, Two Fingers | \$818.40 | |
| 26518 | Repair Of Joint Capsule Of Hand And Finger, 3 Or Four Fingers | \$828.36 | |
| 26520 | Capsulectomy Or Capsulotomy; Metacarpophalangeal Joint, Each Joint | \$657.88 | |
| 26525 | Repair Of Joint Capsule, Hand And Finger | \$659.96 | |
| 26530 | Repair Of Joint Of Hand Bone And Finger, With Implant | \$500.06 | |
| 26531 | Repair Of Joint Of Hand Bone And Finger, Without Implant | \$647.54 | |
| 26535 | Joint Replacement (Arthroplasty) Without A Prosthesis | \$405.50 | |
| 26536 | Joint Replacement (Arthroplasty) With A Prosthesis Between The Finger Joints | \$653.38 | |
| 26540 | Repair Of Ligament Of Hand To Finger Joint, Or Finger Joint Without Graft | \$539.96 | |
| 26541 | Repair Of Ligament Of Hand To Finger Joint With Tendon Or Graft | \$789.21 | |
| 26542 | Repair Of Ligament Of Hand To Finger Joint With Local Tissue | \$688.64 | |
| 26545 | Repair Of Ligament Of Finger Joint With Graft | \$655.32 | |
| 26546 | Repair Non-Union, Metacarpal Or Phalanx, (Includes Obtaining Bone Graft With Or Without External Or Internal Fixation) | \$981.06 | |
| 26548 | Repair And Reconstruction, Finger, Volar Plate, Interphalangeal Joint | \$712.46 | |
| 26550 | Pollicization Of A Digit | \$1,529.55 | |
| 26551 | Transfer, Toe-To-Hand With Microvascular Anastomosis; Great Toe "Wrap-Around" With Bone Graft | \$3,305.00 | |
| 26553 | Transfer Of Toe To Hand, Single | \$2,977.78 | |
| 26554 | Transfer Of Toe To Hand, Double | \$3,459.88 | |
| 26555 | Transfer, Finger To Another Position Without Microvascular Anastomosis | \$1,292.25 | |
| 26556 | Transfer, Free Toe Joint, With Microvascular Anastomosis | \$3,097.29 | |
| 26560 | Repair Of Webbed Finger, With Skin Flaps | \$608.88 | |
| 26561 | Repair Of Webbed Finger, With Skin Flaps And Grafts | \$827.37 | |
| 26562 | Repair Of Webbed Finger, Complex (Involving Bone Or Nails | \$937.23 | |
| 26565 | Osteotomy; Metacarpal, Each | \$684.06 | |
| 26567 | Osteotomy; Phalanx Of Finger, Each | \$503.09 | |
| 26568 | Osteoplasty, Lengthening, Metacarpal Or Phalanx | \$883.29 | |
| 26580 | Repair Cleft Hand | \$1,424.83 | |
| 26587 | Reconstruction Of Polydactylous Digit, Soft Tissue And Bone | \$989.52 | |
| 26590 | Repair Macrodactylia, Each Digit | \$1,325.32 | |
| 26591 | Repair, Intrinsic Muscles Of Hand, Each Muscle | \$441.71 | |
| 26593 | Release, Intrinsic Muscles Of Hand, Each Muscle | \$618.43 | |
| 26596 | Excision Of Constricting Ring With Multiple Z-Plasties | \$766.85 | |
| 26600 | Closed Treatment Of Metacarpal Fracture, Single; Without Manipulation, Each Bone | \$262.95 | |
| 26605 | Treatment Of Closed Metacarpal Fracture, Single; With Manipulation, Each Bone | \$334.62 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 26607 | Closed Treatment Of Metacarpal Fracture, With Manipulation, With External Fixation, Each Bone | \$478.29 | |
| 26608 | Insertion Of Hardware To Broken Finger, Accessed Through The Skin | \$499.05 | |
| 26615 | Open Treatment Of Fracture Of Bone In The Midportion Of The Hand Between The Wrist And Fingers | \$591.61 | |
| 26641 | Closed Treatment Of Carpometacarpal Dislocation, Thumb, With Manipulation | \$394.67 | |
| 26645 | Closed Treatment Of Carpometacarpal Fracture Dislocation, Thumb (Bennett Fracture), With Manipulation | \$406.81 | |
| 26650 | Insertion Of Hardware To Broken Thumb With Manipulation, Accessed Through The Skin | \$402.77 | |
| 26665 | Open Treatment Of Carpometacarpal Fracture Dislocation, Thumb (Bennett Fracture), Includes Internal Fixation, When Performed | \$576.35 | |
| 26670 | Closed Treatment Of Carpometacarpal Dislocation, Other Than Thumb, With Manipulation, Each Joint; Without Anesthesia | \$240.47 | |
| 26675 | Treatment Of Closed Carpometacarpal Dislocation, Other Than Bennett Fracture, Single, With Manipulation; Requiring Anesthesia | \$433.53 | |
| 26676 | Insertion Of Hardware To Dislocated Hand Bone At Wrist Joint With Manipulation, Accessed Through The Skin | \$546.75 | |
| 26685 | Open Treatment Of Dislocation At The Wrist To Mid Hand Bones, Except The Thumb, Single | \$533.22 | |
| 26686 | Open Treatment Of Dislocation At The Wrist To Mid Hand Bones, Except The Thumb, Multiple | \$585.98 | |
| 26700 | Closed Treatment Of Metacarpophalangeal Dislocation, Single, With Manipulation; Without Anesthesia | \$232.47 | |
| 26705 | Treatment Of Closed Metacarpophalangeal Dislocation, Single, With Manipulation; Requiring Anesthesia | \$392.94 | |
| 26706 | Insertion Of Hardware To Dislocated Hand Joint With Manipulation, Accessed Through The Skin | \$415.88 | |
| 26715 | Open Treatment Of Metacarpophalangeal Dislocation, Single, Includes Internal Fixation, When Performed | \$504.66 | |
| 26720 | Closed Treatment Of Broken Finger Or Thumb At The Mid Portion Or Part Near The Hand Without Manipulation | \$198.83 | |
| 26725 | Closed Treatment Of Broken Finger Or Thumb At The Mid Portion Or Part Near The Hand With Manipulation | \$367.07 | |
| 26727 | Insertion Of Hardware To Broken Finger Or Thumb With Manipulation, Accessed Through The Skin | \$439.20 | |
| 26735 | Open Treatment Of Phalangeal Shaft Fracture, Proximal Or Middle Phalanx, Finger Or Thumb, Includes Internal Fixation, When Performed, Each | \$403.03 | |
| 26740 | Closed Treatment Of Articular Fracture, Involving Metacarpophalangeal Or Interphalangeal Joint; Without Manipulation, Each | \$220.59 | |
| 26742 | Treatment Of Closed Articular Fracture, Involving Metacarpophalangeal Or Proximal Interphalangeal Joint; With Manipulation, Each | \$258.37 | |
| 26746 | Open Treatment Of Articular Fracture, Involving Metacarpophalangeal Or Interphalangeal Joint, Includes Internal Fixation, When Performed, Each | \$501.26 | |
| 26750 | Closed Treatment Of Broken Finger Or Thumb At The Portion Furthest Away From The Hand Without Manipulation | \$182.19 | |
| 26755 | Closed Treatment Of Broken Finger Or Thumb At The Portion Furthest Away From The Hand With Manipulation | \$288.91 | |
| 26756 | Insertion Of Hardware To Broken Finger Or Thumb, Accessed Through The Skin | \$414.78 | |
| 26765 | Open Treatment Of Distal Phalangeal Fracture, Finger Or Thumb, Includes Internal Fixation, When Performed, Each | \$342.18 | |
| 26770 | Closed Treatment Of Interphalangeal Joint Dislocation, Single, With Manipulation; Without Anesthesia | \$196.70 | |
| 26775 | Treatment Of Closed Interphalangeal Joint Dislocation, Single, With Manipulation; Requiring Anesthesia | \$356.71 | |
| 26776 | Insertion Of Hardware To Dislocated Finger Joint With Manipulation, Accessed Through The Skin | \$420.87 | |
| 26785 | Open Treatment Of Interphalangeal Joint Dislocation, Includes Internal Fixation, When Performed, Single | \$371.25 | |
| 26820 | Fusion In Opposition, Thumb, With Autogenous Graft (Includes Obtaining Graft) | \$785.86 | |
| 26841 | Arthrodesis, Carpometacarpal Joint, Thumb, With Or Without Internal Fixation; | \$735.67 | |
| 26842 | Arthrodesis, Carpometacarpal Joint, Thumb, With Or Without Internal Fixation; With Autogenous Graft (Includes Obtaining Graft) | \$787.82 | |
| 26843 | Arthrodesis, Carpometacarpal Joint, Digit, Other Than Thumb, Each; | \$742.97 | |
| 26844 | Arthrodesis, Carpometacarpal Joint, Digits, Other Than Thumb; With Autogenous Graft (Includes Obtaining Graft) | \$813.27 | |
| 26850 | Fusion Of The Joints Between Finger Joints | \$513.01 | |
| 26852 | Fusion Of The Joints Between Finger Joints, With Bone Graft From The Patient | \$788.84 | |
| 26860 | Fusion Of The Joints Between The Finger And The Hand | \$431.50 | |
| 26861 | Fusion Of The Joints Between The Finger And The Hand, Additional Joint | \$91.28 | |
| 26862 | Fusion Of The Joints Between The Finger And The Hand, With Bone Graft From The Patient | \$728.91 | |
| 26863 | Fusion Of Finger Joint With Bone Graft, Additional Joint | \$203.84 | |
| 26910 | Amputation Of Hand Bone, Finger, Or Thumb | \$722.32 | |
| 26951 | Amputation, Finger Or Thumb, Primary Or Secondary, Any Joint Or Phalanx, Single, Including Neurectomies; With Direct Closure | \$652.97 | |
| 26952 | Amputation Of Finger Or Thumb, With Tissue Flap | \$477.96 | |
| 26989 | Unlisted Procedure, Hands Or Fingers | Price By Report | |
| 26990 | Incision And Drainage; Deep Abscess Or Hematoma | \$463.89 | |
| 26991 | Incision And Drainage; Infected Bursa | \$663.19 | |
| 26992 | Incision, Bone Cortex, Pelvis And/Or Hip Joint (Eg, Osteomyelitis Or Bone Abscess) | \$923.79 | |
| 27000 | Incision Of Hip Tendon, Accessed Through The Skin | \$299.42 | |
| 27001 | Incision Of Hip Tendon, Open Procedure | \$424.86 | |
| 27003 | Incision Of Hip Tendon With Removal Of Nerve, Open Procedure | \$550.35 | |
| 27005 | Incision Of Flexor Tendons Of Hip, Open Procedure | \$619.92 | |
| 27006 | Incision Of Abductor And/Or Extensor Tendons Of Hip, Open Procedure | \$661.86 | |
| 27025 | Fasciotomy, Hip Or Thigh, Any Type | \$839.91 | |
| 27027 | Incision Of Tissue Of Muscle Compartments Of One Side Of Pelvis | \$804.24 | |
| 27030 | Arthrotomy, Hip, With Drainage (Eg, Infection) | \$999.15 | |
| 27033 | Arthrotomy, Hip, Including Exploration Or Removal Of Loose Or Foreign Body | \$882.30 | |
| 27035 | Denervation, Hip Joint, Intrapelvic Or Extrapelvic Intra-Articular Branches Of Sciatic, Femoral, Or Obturator Nerves | \$1,089.63 | |
| 27036 | Capsulectomy Or Capsulotomy, Hip, With Or Without Excision Of Heterotopic Bone, With Release Of Hip Flexor Muscles (Ie, Gluteus Medius, Gluteus Minimus, Tensor Fascia Latae, Rectus Femoris, Sartorius, Iliopsoas) | \$925.72 | |
| 27040 | Biopsy Of Tissue Of Pelvis And Hip, Superficial | \$324.28 | |
| 27041 | Biopsy Of Tissue Of Pelvis And Hip, Deep | \$645.81 | |
| 27043 | Biopsy, Soft Tissue Of Pelvis And Hip Area; 3 Cm Or Greater | \$496.81 | |
| 27045 | Biopsy, Soft Tissue Of Pelvis And Hip Area; 5 Cm Or Greater | \$663.73 | |
| 27047 | Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subcutaneous; Less Than 3 Cm | \$465.74 | |
| 27048 | Excision, Tumor, Soft Tissue Of Pelvis And Hip Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm | \$551.70 | |
| 27049 | Removal Of (Less Than 5 Centimeters) Tissue Growth Of Pelvis Or Hip | \$1,200.16 | |
| 27050 | Arthrotomy, With Biopsy; Sacroiliac Joint | \$375.11 | |
| 27052 | Arthrotomy, For Biopsy; Hip Joint | \$531.02 | |
| 27054 | Arthrotomy With Synovectomy, Hip Joint | \$700.04 | |
| 27057 | Incision Of Tissue On One Side Of Pelvic Muscle Compartment With Removal Of Muscle | \$914.76 | |
| 27059 | Removal (5 Centimeters Or Greater) Tissue Growth Of Pelvis Or Hip | \$1,623.49 | |
| 27060 | Excision; Ischial Bursa | \$428.95 | |
| 27062 | Excision; Trochanteric Bursa Or Calcification | \$390.34 | |
| 27065 | Removal Of Bone Cyst Or Growth Of Hip Or Pelvic Bone, Superficial | \$484.71 | |
| 27066 | Removal Of Bone Cyst Or Growth Of Hip Or Pelvic Bone, Deep | \$744.15 | |
| 27067 | Excision Of Bone Cyst Or Benign Tumor, Wing Of Ilium, Symphysis Pubis, Or Greater Trochanter Of Femur; With Autograft Requiring Separate Incision | \$941.13 | |
| 27070 | Partial Removal Of Hip Or Pelvic Bone, Superficial | \$820.31 | |
| 27071 | Partial Removal Of Hip Or Pelvic Bone, Deep | \$897.20 | |
| 27075 | Radical Removal Of Growth From Wing Of Upper Pelvic Bone (Ilium), Base Of Pelvic Bone (Ischium), 1 Pubic Bone Or Joint Between Pubic Bones | \$1,869.58 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|------------|-------------------|
| | Radical Removal Of Growth From Upper Pelvic Bone (Ilium) Including Hip Socket, Base Of Pelvic Bone (Ischium) Including Hip Socket, Or Both Pubic Bones | \$2,256.39 | |
| 27077 | Radical Resection Of Tumor; Innominate Bone, Total | \$2,514.77 | |
| 27078 | Radical Removal Of Growth From Sit Bone Of Pelvis (Ischial Tuberosity) And Upper End Of Shaft Of Thigh Bone (Greater Trochanter) | \$1,843.59 | |
| 27080 | Coccygectomy, Primary | \$444.79 | |
| 27086 | Removal Of Foreign Body In Tissue Of Pelvis Or Hip, Accessed Beneath The Skin | \$298.21 | |
| 27087 | Removal Of Foreign Body, Pelvis Or Hip; Deep (Subfascial Or Intramuscular) | \$555.87 | |
| 27090 | Removal Of Hip Prosthesis; (Separate Procedure) | \$756.93 | |
| 27091 | Removal Of Hip Prosthesis, Complicated | \$1,594.39 | |
| 27093 | Injection Procedure For Hip Arthrography; Without Anesthesia | \$171.51 | |
| 27095 | Injection Procedure For Hip Arthrography; With Anesthesia | \$313.73 | |
| 27096 | Injection Procedure For Sacroiliac Joint, Anesthetic/Steroid, With Image Guidance (Fluoroscopy Or Ct) Including Arthrography When Performed | \$173.39 | |
| 27097 | Release Or Recession, Hamstring, Proximal | \$625.60 | |
| 27098 | Transfer, Adductor To Ischium | \$671.32 | |
| 27100 | Transfer Of Muscle To Thigh Bone At Hip Joint, External Oblique Muscle | \$758.33 | |
| 27105 | Transfer Paraspinal Muscle To Hip (Includes Fascial Or Tendon Extension Graft) | \$794.16 | |
| 27110 | Transfer Of Muscle To Thigh Bone At Hip Joint, Iliopsoas Muscle | \$883.27 | |
| 27111 | Transfer Iliopsoas; To Femoral Neck | \$823.32 | |
| 27120 | Acetabuloplasty; (Eg, Whitman, Colonna, Haygroves, Or Cup Type) | \$1,304.76 | |
| 27122 | Acetabuloplasty; Resection, Femoral Head (Eg, Girdlestone Procedure) | \$1,000.66 | |
| 27125 | Hemiarthroplasty, Hip, Partial (Eg, Femoral Stem Prosthesis, Bipolar Arthroplasty) | \$1,137.81 | |
| 27130 | Arthroplasty, Acetabular And Proximal Femoral Prosthetic Replacement (Total Hip Arthroplasty), With Or Without Autograft Or Allograft | \$1,286.37 | |
| 27132 | Conversion Of Previous Replacement Of Thigh Bone And Hip Joint Prosthesis | \$1,670.83 | |
| 27134 | Revision Of Total Hip Arthroplasty Both Components, With Or Without Autograft Or Allograft | \$1,898.88 | |
| 27137 | Revision Of Total Hip Arthroplasty Acetabular Component Only, With Or Without Autograft Or Allograft | \$1,464.74 | |
| 27138 | Revision Of Total Hip Arthroplasty Femoral Component Only, With Or Without Allograft | \$1,521.89 | |
| 27140 | Osteotomy And Transfer Of Greater Trochanter Of Femur (Separate Procedure) | \$812.64 | |
| 27146 | Osteotomy, Iliac, Acetabular Or Innominate Bone; | \$1,031.56 | |
| 27147 | Incision Of Pelvic Bone With Repair Of Hip Joint Dislocation, Open Procedure | \$1,318.99 | |
| 27151 | Osteotomy, Iliac, Acetabular Or Innominate Bone; With Femoral Osteotomy | \$1,424.36 | |
| 27156 | Incision Of Pelvic And Thigh Bone With Repair Of Hip Joint Dislocation, Open Procedure | \$1,637.72 | |
| 27158 | Osteotomy, Pelvis, Bilateral (Eg, Congenital Malformation) | \$1,263.39 | |
| 27161 | Incision Of Neck Of Thigh Bone | \$1,104.83 | |
| 27165 | Incision Below Neck Of Thigh Bone (Intertrochanteric Or Subtrochanteric) | \$1,398.61 | |
| 27170 | Bone Graft, Femoral Head, Neck, Intertrochanteric Or Subtrochanteric Area (Includes Obtaining Bone Graft) | \$1,053.34 | |
| 27175 | Treatment Of Slipped Femoral Epiphysis; By Traction, Without Reduction | \$607.07 | |
| 27176 | Treatment Of Slipped Femoral Epiphysis; By Single Or Multiple Pinning, In Situ | \$904.90 | |
| 27177 | Open Treatment Of Slipped Femoral Epiphysis; Single Or Multiple Pinning Or Bone Graft (Includes Obtaining Graft) | \$1,124.33 | |
| 27178 | Open Treatment Of Slipped Femoral Epiphysis; Closed Manipulation With Single Or Multiple Pinning | \$897.58 | |
| 27179 | Open Treatment Of Slipped Femoral Epiphysis; Osteoplasty Of Femoral Neck (Heyman Type Procedure) | \$889.94 | |
| 27181 | Open Treatment Of Slipped Femoral Epiphysis; Osteotomy And Internal Fixation | \$1,014.74 | |
| 27185 | Epiphyseal Arrest By Epiphysiodesis Or Stapling, Greater Trochanter Of Femur | \$656.92 | |
| 27187 | Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femoral Neck And Proximal Femur | \$1,006.53 | |
| 27197 | Closed Treatment Of Fracture And/Or Dislocation Of Pelvis And/Or Sacrum | \$123.44 | |
| 27198 | Closed Treatment Of Fracture And/Or Dislocation Of Pelvis And/Or Sacrum With Manipulation | \$309.96 | |
| 27200 | Closed Treatment Of Coccygeal Fracture | \$176.55 | |
| 27202 | Open Treatment Of Coccygeal Fracture | \$481.73 | |
| 27215 | Open Treatment Of Iliac Spine(S), Tuberosity Avulsion, Or Iliac Wing Fracture(S) (Eg, Pelvic Fracture(S) Which Do Not Disrupt The Pelvic Ring), With Internal Fixation | \$969.34 | |
| 27216 | Insertion Of Hardware To Broken And/Or Dislocated Bone On One Side Of Pelvis, Accessed Through The Skin | \$436.54 | |
| 27217 | Open Treatment Of Fracture And/Or Dislocation Of Pelvis, Anterior | \$1,178.88 | |
| 27218 | Open Treatment Of Fracture And/Or Dislocation Of Pelvis, Posterior | \$1,416.27 | |
| 27220 | Closed Treatment Of Acetabulum (Hip Socket) Fracture(S); Without Manipulation | \$385.41 | |
| 27222 | Treatment Of Closed Acetabulum (Hip Socket) Fracture(S); With Manipulation With Or Without Skeletal Traction | \$894.41 | |
| 27226 | Open Treatment Of Posterior Or Anterior Acetabular Wall Fracture, With Internal Fixation | \$1,061.77 | |
| 27227 | Open Treatment Of Fracture Of Front Or Back Column Of Hip Socket Or Across Hip Socket With Insertion Of Fixation Hardware | \$1,493.39 | |
| 27228 | Open Treatment Of Fracture Of Front And Back Column Or Wall Of Hip Socket With Insertion Of Fixation Hardware | \$1,608.57 | |
| 27230 | Closed Treatment Of Femoral Fracture, Proximal End, Neck; Without Manipulation | \$451.29 | |
| 27232 | Closed Treatment Of Fracture Of Neck Of Thigh Bone With Manipulation | \$665.72 | |
| 27235 | Insertion Of Hardware To Broken Thigh Bone, Accessed Through The Skin | \$916.51 | |
| 27236 | Open Treatment Of Femoral Fracture, Proximal End, Neck, Internal Fixation Or Prosthetic Replacement | \$1,199.80 | |
| 27238 | Closed Treatment Of Intertrochanteric, Pterrochanteric, Or Subtrochanteric Femoral Fracture; Without Manipulation | \$432.20 | |
| 27240 | Closed Treatment Of Fracture Below Neck Of Thigh Bone (Intertrochanteric Or Subtrochanteric) With Manipulation | \$872.26 | |
| 27244 | Surgical Treatment Of Broken Thigh Bone With Place/Screw Implant | \$1,110.07 | |
| 27245 | Surgical Treatment Of Broken Thigh Bone With Implant | \$1,232.81 | |
| 27246 | Closed Treatment Of Broken Hip, Trochanter | \$348.81 | |
| 27248 | Open Treatment Of Broken Thigh Bone Using Internal Fixation | \$679.02 | |
| 27250 | Closed Treatment Of Hip Dislocation, Traumatic; Without Anesthesia | \$175.16 | |
| 27252 | Treatment Of Closed Hip Dislocation, Traumatic; Requiring Anesthesia | \$544.81 | |
| 27253 | Open Treatment Of Hip Dislocation, Traumatic, Without Internal Fixation | \$854.47 | |
| 27254 | Open Treatment Of Hip Dislocation, Traumatic, With Acetabular Wall And Femoral Head Fracture, With Or Without Internal Or External Fixation | \$1,149.94 | |
| 27256 | Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), By Abduction, Splint Or Traction; Without Anesthesia, Without Manipulation | \$237.26 | |
| 27257 | Treatment Of Congenital Hip Dislocation, By Abduction, Splint Or Traction; With Manipulation Requiring Anesthesia | \$326.10 | |
| 27258 | Open Treatment Of Spontaneous Hip Dislocation (Developmental, Including Congenital Or Pathological), Replacement Of Femoral Head In Acetabulum (Including Tenotomy, Etc); | \$1,119.86 | |
| 27259 | Open Treatment Of Spontaneous Hip Dislocation, With Shortening | \$1,391.25 | |
| 27265 | Closed Treatment Of Post Hip Arthroplasty Dislocation; Without Anesthesia | \$433.89 | |
| 27266 | Closed Treatment Of Post Hip Arthroplasty Dislocation; Requiring Regional Or General Anesthesia | \$516.31 | |
| 27267 | Closed Treatment Of Broken Hip, At The Joint | \$407.75 | |
| 27268 | Closed Treatment Of Femoral Fracture, Proximal End, Head; With Manipulation | \$500.03 | |
| 27269 | Open Treatment Of Femoral Fracture, Proximal End, Head, Includes Internal Fixation, When Performed | \$1,263.96 | |
| 27275 | Manipulation, Hip Joint, Requiring General Anesthesia | \$168.72 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 27279 | Fusion Sacroiliac Joint Through The Skin Or Minimally Invasive Using Image Guidance | \$613.08 | |
| 27280 | Fusion Of Sacroiliac Joint Obtaining Bone Graft Open Procedure | \$1,200.02 | |
| 27282 | Fusion Of Joint Between Pubic Bones | \$784.55 | |
| 27284 | Arthrodesis, Hip Joint (Including Obtaining Graft); | \$1,441.67 | |
| 27286 | Fusion Of Hip Joint And Incision Of Bone Below Neck Of Thigh Bone | \$1,478.53 | |
| 27290 | Interpelviabdominal Amputation (Hind Quarter Amputation) | \$1,465.61 | |
| 27295 | Disarticulation Of Hip | \$1,261.14 | |
| 27299 | Unlisted Procedure, Pelvis Or Hip Joint | Price By Report | |
| 27301 | Incision And Drainage, Deep Abscess, Bursa, Or Hematoma, Thigh Or Knee Region | \$461.80 | |
| 27303 | Incision, Deep, With Opening Of Bone Cortex, Femur Or Knee (Eg, Osteomyelitis Or Bone Abscess) | \$575.86 | |
| 27305 | Removal Of Tissue At Thigh Or Knee Region, Open Procedure | \$444.99 | |
| 27306 | Incision Of Tendon Of Thigh Or Hamstring Muscles, Accessed Through The Skin | \$261.11 | |
| 27307 | Incision Of Multiple Tendons Of Thigh Or Hamstring Muscles, Accessed Through The Skin | \$392.29 | |
| 27310 | Exploration, Drainage, Or Removal Of Foreign Body In Knee Joint | \$758.35 | |
| 27323 | Biopsy Of Thigh Or Knee Region Tissue, Superficial | \$260.58 | |
| 27324 | Biopsy Of Thigh Or Knee Region Tissue, Deep | \$372.98 | |
| 27325 | Neurectomy, Hamstring Muscle | \$520.09 | |
| 27326 | Neurectomy, Popliteal (Gastrocnemius) | \$482.41 | |
| 27327 | Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subcutaneous; Less Than 3 Cm | \$351.62 | |
| 27328 | Excision, Tumor, Soft Tissue Of Thigh Or Knee Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm | \$564.88 | |
| 27329 | Removal (Less Than 5 Centimeters) Tissue Growth Of Thigh Or Knee | \$935.36 | |
| 27330 | Arthrotomy, Knee; With Synovial Biopsy Only | \$390.29 | |
| 27331 | Exploration, Biopsy, Or Removal Of Loose Or Foreign Body Of Knee | \$488.00 | |
| 27332 | Removal Of Knee Cartilage, Cartilage On The Inside Or Outside Of Knee Joint | \$592.59 | |
| 27333 | Removal Of Knee Cartilage, Cartilage On The Inside And Outside Of Knee Joint | \$541.82 | |
| 27334 | Removal Of Knee Joint Lining, Front Or Back | \$698.59 | |
| 27335 | Removal Of Knee Joint Lining, Front And Back | \$699.62 | |
| 27337 | Arthrotomy, With Synovectomy, Knee; 3 Cm Or Greater | \$443.01 | |
| 27339 | Arthrotomy, With Synovectomy, Knee; 5 Cm Or Greater | \$798.01 | |
| 27340 | Excision, Prepatellar Bursa | \$329.93 | |
| 27345 | Removal Of Cyst Of Membrane Covering Behind Knee Joint | \$448.04 | |
| 27347 | Excision Of Lesion Of Meniscus Or Capsule (Eg, Cyst, Ganglion), Knee | \$526.24 | |
| 27350 | Patellectomy Or Hemipatellectomy | \$667.53 | |
| 27355 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; | \$622.25 | |
| 27356 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Homogenous Graft | \$676.57 | |
| 27357 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Primary Autogenous Graft (Includes Obtaining Graft) | \$783.42 | |
| 27358 | Excision Or Curettage Of Bone Cyst Or Benign Tumor Of Femur; With Internal Fixation (List In Addition To Code For Primary Procedure) | \$244.29 | |
| 27360 | Partial Excision (Craterization, Saucerization, Or Diaphysectomy) Bone, Femur, Proximal Tibia And/Or Fibula (Eg, Osteomyelitis Or Bone Abscess) | \$756.44 | |
| 27364 | Removal (5 Centimeters Or Greater) Tissue Growth Of Thigh Or Knee | \$1,554.74 | |
| 27365 | Radical Resection Of Tumor, Femur Or Knee | \$1,738.90 | |
| 27369 | Injection Of Contrast For Imaging Of Knee Joint | \$125.78 | |
| 27372 | Removal Foreign Body, Deep | \$411.33 | |
| 27380 | Suture Of Tendon Below Knee, Primary | \$639.94 | |
| 27381 | Suture Of Tendon Below Knee, Secondary Reconstruction | \$890.28 | |
| 27385 | Suture Of Ruptured Muscle Of Thigh, Primary | \$628.71 | |
| 27386 | Suture Of Ruptured Muscle Of Thigh, Secondary | \$791.53 | |
| 27390 | Repair Of Hamstring Tendon, Open Procedure | \$392.99 | |
| 27391 | Repair Of Multiple Hamstring Tendons, Open Procedure | \$512.76 | |
| 27392 | Repair Of Multiple Hamstring Tendons Of Both Legs, Open Procedure | \$652.44 | |
| 27393 | Lengthening Of Hamstring Tendon; Single Tendon | \$494.13 | |
| 27394 | Lengthening Of Hamstring Tendon; Multiple Tendons, One Leg | \$581.67 | |
| 27395 | Lengthening Of Hamstring Tendon; Multiple Tendons, Bilateral | \$909.68 | |
| 27396 | Transplant Or Transfer (With Muscle Redirection Or Rerouting), Thigh (Eg, Extensor To Flexor); Single Tendon | \$610.37 | |
| 27397 | Transplant Or Transfer (With Muscle Redirection Or Rerouting), Thigh (Eg, Extensor To Flexor); Multiple Tendons | \$833.25 | |
| 27400 | Transfer Of Tendon Or Muscle In Hamstring | \$637.16 | |
| 27403 | Arthrotomy With Meniscus Repair, Knee | \$657.23 | |
| 27405 | Suture, Primary, Torn, Ruptured Or Severed Ligament, With Or Without Meniscectomy, Knee; Collateral | \$689.85 | |
| 27407 | Suture, Primary, Torn, Ruptured Or Severed Ligament, With Or Without Meniscectomy, Knee; Cruciate | \$777.84 | |
| 27409 | Suture, Primary, Torn, Ruptured Or Severed Ligament, With Or Without Meniscectomy, Knee; Collateral And Cruciate Ligaments | \$880.10 | |
| 27412 | Autologous Chondrocyte Implantation, Knee | \$1,486.34 | |
| 27415 | Implantation Of Donor Cartilage Cells Into Knee Bone, Open Procedure | \$1,406.42 | |
| 27416 | Implantation Of Patient'S Knee Cartilage Cells Into Knee Bone, Open Procedure | \$995.05 | |
| 27418 | Anterior Tibial Tubercleplasty (Eg, Maquet Type Procedure) | \$844.16 | |
| 27420 | Repair Of Dislocating Knee Cap, Without Realignment | \$679.50 | |
| 27422 | Repair Of Dislocating Knee Cap, With Realignment | \$755.36 | |
| 27424 | Reconstruction For Recurrent Dislocating Patella; With Patellectomy | \$684.12 | |
| 27425 | Release Of Ligaments Of Knee Joint, Open Procedure | \$466.49 | |
| 27427 | Reconstruction (Augmentation), Knee; Extra-Articular | \$723.21 | |
| 27428 | Reconstruction Of Knee Joint Ligaments, Open Procedure, Inside The Knee Joint | \$1,103.67 | |
| 27429 | Reconstruction Of Knee Joint Ligaments, Open Procedure, Inside Or Outside The Knee Joint | \$1,143.70 | |
| 27430 | Quadricepsplasty (Eg, Bennett Or Thompson Type) | \$776.56 | |
| 27435 | Capsulotomy, Posterior Capsular Release, Knee | \$736.89 | |
| 27437 | Arthroplasty, Patella; Without Prosthesis | \$672.16 | |
| 27438 | Arthroplasty, Patella; Without Prosthesis With Prosthesis | \$850.97 | |
| 27440 | Repair Of Knee Joint, Lower Part Of Joint | \$727.68 | |
| 27441 | Repair Of Knee Joint, Lower Part Of Joint With Cleaning And Lining Removal | \$750.94 | |
| 27442 | Revision Of Total Elbow Repair | \$792.44 | |
| 27443 | Repair Of Knee Joint, Lower Or Upper Part Of Joint With Cleaning And Lining Removal | \$826.73 | |
| 27445 | Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type) | \$1,134.32 | |
| 27446 | Repair Of Knee Joint, Lower Or Upper Part Of Joint, Inside Or Outside Area | \$1,041.55 | |
| 27447 | Repair Of Knee Joint, Lower Or Upper Part Of Joint, Inside And Outside Area | \$1,285.15 | |
| 27448 | Osteotomy, Femur, Shaft Or Supracondylar, Without Fixation; Unilateral | \$737.52 | |
| 27450 | Osteotomy, Femur, Shaft Or Supracondylar, With Fixation; Unilateral | \$1,022.04 | |
| 27454 | Osteotomy, Multiple, With Realignment On Intramedullary Rod, Femoral Shaft (Eg, Sofield Type Procedure) | \$1,168.83 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 27455 | Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Includes Correction Of Genu Varus (Bowleg) Or Genu Valgus (Knock-Knee)), Unilateral; Before Epiphyseal Closure | \$969.91 | |
| 27457 | Osteotomy, Proximal Tibia, Including Fibular Excision Or Osteotomy (Includes Correction Of Genu Varus (Bowleg) Or Genu Valgus (Knock-Knee)), Unilateral; After Epiphyseal Closure | \$871.73 | |
| 27465 | Osteoplasty, Femur; Shortening | \$1,127.68 | |
| 27466 | Osteoplasty, Femur; Lengthening | \$1,214.21 | |
| 27468 | Osteoplasty, Femur; Combined, Lengthening And Shortening With Femoral Segment Transfer | \$1,211.95 | |
| 27470 | Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; Without Graft (Eg, Compression Technique, Etc) | \$1,187.53 | |
| 27472 | Repair, Nonunion Or Malunion, Femur, Distal To Head And Neck; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) | \$1,143.04 | |
| 27475 | Arrest, Epiphyseal, Any Method (Eg, Epiphydiodesis); Distal Femur | \$673.98 | |
| 27477 | Epiphyseal Arrest By Epiphysiodesis Or Stapling; Tibia And Fibula, Proximal | \$744.72 | |
| 27479 | Epiphyseal Arrest By Epiphysiodesis Or Stapling; Combined Distal Femur, Proximal Tibia And Fibula | \$834.92 | |
| 27485 | Arrest, Hemiepiphyseal, Distal Femur Or Proximal Tibia Or Fibula (Eg, Genu Varus Or Valgus) | \$689.63 | |
| 27486 | Revision Of Total Knee Arthroplasty, With Or Without Allograft One Component | \$1,407.64 | |
| 27487 | Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And Entire Tibial Component | \$1,752.12 | |
| 27488 | Removal Of Prosthesis, Including Total Knee Prosthesis, Methylmethacrylate With Or Without Insertion Of Spacer, Knee | \$1,206.47 | |
| 27495 | Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Femur | \$1,137.93 | |
| 27496 | Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); | \$505.45 | |
| 27497 | Decompression Fasciotomy, Thigh And/Or Knee, One Compartment (Flexor Or Extensor Or Adductor); With Debridement Of Nonviable Muscle And/Or Nerve | \$532.04 | |
| 27498 | Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; | \$602.64 | |
| 27499 | Decompression Fasciotomy, Thigh And/Or Knee, Multiple Compartments; With Debridement Of Nonviable Muscle And/Or Nerve | \$642.06 | |
| 27500 | Closed Treatment Of Femoral Shaft Fracture, Without Manipulation | \$483.37 | |
| 27501 | Closed Treatment Of Broken Thigh Bone, Knee Area, Without Manipulation | \$519.91 | |
| 27502 | Closed Treatment Of Broken Thigh Bone, Mid-Portion With Manipulation | \$728.71 | |
| 27503 | Closed Treatment Of Broken Thigh Bone, Knee Area, Manipulation | \$728.77 | |
| 27506 | Open Treatment Of Broken Thigh Bone, With Implant | \$1,344.75 | |
| 27507 | Open Treatment With Plate/Screws Of Broken Thigh Bone | \$973.11 | |
| 27508 | Closed Treatment Of Broken Thigh Bone, Lower End, Without Manipulation, Inside Or Outside Portion | \$480.99 | |
| 27509 | Insertion Of Hardware To Stabilize Broken Thigh Bone Or Separated Growth Plate, Accessed Through The Skin | \$627.98 | |
| 27510 | Closed Treatment Of Broken Thigh Bone In The Area Of The Knee With Manipulation | \$618.75 | |
| 27511 | Open Treatment Of Broken Thigh Bone In The Area Of The Knee | \$985.07 | |
| 27513 | Open Treatment Of Fracture Of Lower End Of Thigh Bone Just Above Knee Joint (Supracondylar Or Transcondylar Fracture Of Femur) | \$1,238.24 | |
| 27514 | Open Treatment Of Fracture Of One Side Of Lower End Of Thigh Bone Just Above Knee Joint (Medial Or Lateral Condyle Fracture Of Femur) | \$971.66 | |
| 27516 | Closed Treatment Of Distal Femoral Epiphyseal Separation; Without Manipulation | \$483.43 | |
| 27517 | Closed Treatment Of Distal Femoral Epiphyseal Separation; With Manipulation, With Or Without Skin Or Skeletal Traction | \$632.00 | |
| 27519 | Open Treatment Of Distal Femoral Epiphyseal Separation, Includes Internal Fixation, When Performed | \$807.23 | |
| 27520 | Closed Treatment Of Patellar Fracture, Without Manipulation | \$225.62 | |
| 27524 | Open Treatment Of Patellar Fracture, With Internal Fixation And/Or Partial Or Complete Patellectomy And Soft Tissue Repair | \$764.97 | |
| 27530 | Closed Treatment Of Tibial Fracture, Proximal (Plateau); Without Manipulation | \$264.46 | |
| 27532 | Closed Treatment Of Tibial Fracture, Proximal (Plateau); With Or Without Manipulation, With Skeletal Traction | \$491.28 | |
| 27535 | Open Treatment Of Fracture Of One Side Of Upper End Of Shinbone (Medial Or Lateral Condyle Fracture Of Tibial Plateau) | \$937.41 | |
| 27536 | Open Treatment Of Fracture Of Both Sides Of Upper End Of Shinbone (Medial Or Lateral Condyle Fracture Of Tibial Plateau) | \$1,111.94 | |
| 27538 | Closed Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of Knee, With Or Without Manipulation | \$455.91 | |
| 27540 | Open Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, Includes Internal Fixation, When Performed | \$824.90 | |
| 27550 | Closed Treatment Of Knee Dislocation; Without Anesthesia | \$479.10 | |
| 27552 | Treatment Of Closed Knee Dislocation; Requiring Anesthesia | \$427.98 | |
| 27556 | Open Treatment Of Knee Dislocation, Includes Internal Fixation, When Performed; Without Primary Ligamentous Repair Or Augmentation/Reconstruction | \$794.35 | |
| 27557 | Open Treatment Of Knee Dislocation With Ligament Repair | \$944.51 | |
| 27558 | Open Treatment Of Knee Dislocation With Ligament Repair And Augmentation/Reconstruction | \$1,072.49 | |
| 27560 | Closed Treatment Of Patellar Dislocation; Without Anesthesia | \$253.83 | |
| 27562 | Treatment Of Closed Patellar Dislocation; Requiring Anesthesia | \$450.63 | |
| 27566 | Open Treatment Of Patellar Dislocation, With Or Without Partial Or Total Patellectomy | \$936.11 | |
| 27570 | Manipulation Of Knee Joint Under General Anesthesia (Includes Application Of Traction Or Other Fixation Devices) | \$136.54 | |
| 27580 | Arthrodesis, Knee, Any Technique | \$1,491.22 | |
| 27590 | Amputation, Thigh, Through Femur, Any Level; | \$772.19 | |
| 27591 | Amputation Of Thigh Through Thigh Bone With Immediate Fitting | \$875.44 | |
| 27592 | Amputation Of Thigh Through Thigh Bone, Open Procedure | \$595.16 | |
| 27594 | Amputation Of Thigh Through Thigh Bone, Secondary Closure | \$424.61 | |
| 27596 | Amputation, Thigh, Through Femur, Any Level; Reamputation | \$728.69 | |
| 27598 | Disarticulation At Knee | \$694.35 | |
| 27599 | Unlisted Procedure, Femur Or Knee | Price By Report | |
| 27600 | Decompression Fasciotomy, Leg; Anterior And/Or Lateral Compartments Only | \$366.40 | |
| 27601 | Decompression Fasciotomy, Leg; Posterior Compartment(S) Only | \$409.98 | |
| 27602 | Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compartment(S) | \$456.08 | |
| 27603 | Incision And Drainage; Deep Abscess Or Hematoma | \$366.30 | |
| 27604 | Incision And Drainage; Infected Bursa | \$424.01 | |
| 27605 | Incision Of Achilles Tendon, Accessed Through The Skin Using Local Anesthetic | \$232.95 | |
| 27606 | Incision Of Achilles Tendon, Accessed Through The Skin Requiring General Anesthesia | \$278.18 | |
| 27607 | Incision (Eg, Osteomyelitis Or Bone Abscess), Leg Or Ankle | \$555.02 | |
| 27610 | Exploration, Drainage, Or Removal Of Foreign Body Of Ankle | \$644.96 | |
| 27612 | Arthrotomy, Posterior Capsular Release, Ankle, With Or Without Achilles Tendon Lengthening | \$574.10 | |
| 27613 | Biopsy, Soft Tissues; Superficial | \$240.71 | |
| 27614 | Biopsy, Soft Tissue Of Leg Or Ankle Area; Deep (Subfascial Or Intramuscular) | \$547.79 | |
| 27615 | Removal (Less Than 5 Centimeters) Tissue Growth Of Leg Or Ankle | \$923.77 | |
| 27616 | Removal (5 Centimeters Or Greater) Tissue Growth Of Leg Or Ankle | \$1,138.57 | |
| 27618 | Excision, Tumor, Soft Tissue Of Leg Or Ankle Area, Subcutaneous; Less Than 3 Cm | \$433.97 | |
| 27619 | Excision, Tumor, Soft Tissue Of Leg Or Ankle Area, Subfascial (Eg, Intramuscular); Less Than 5 Cm | \$470.87 | |
| 27620 | Arthrotomy, Ankle, With Joint Exploration, With Or Without Biopsy, With Or Without Removal Of Loose Or Foreign Body | \$462.93 | |
| 27625 | Arthrotomy, Ankle, With Synovectomy; | \$587.85 | |
| 27626 | Arthrotomy, Ankle, For Synovectomy; Including Tenosynovectomy | \$555.67 | |
| 27630 | Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion) | \$513.54 | |
| 27632 | Removal (3 Centimeters Or Greater) Tissue Growth Beneath The Skin Of Leg Or Ankle | \$438.60 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|------------|-------------------|
| 27634 | Excision Of Lesion Of Tendon Sheath Or Capsule (Eg, Cyst Or Ganglion), Leg And/Or Ankle 5 Cm Or Greater | \$613.42 | |
| 27635 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; | \$592.26 | |
| 27637 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Primary Autogenous Graft (Includes Obtaining Graft) | \$673.65 | |
| 27638 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tibia Or Fibula; With Primary Homogenous Graft | \$763.91 | |
| 27640 | Partial Excision (Craterization, Saucerization, Or Diaphysectomy), Bone (Eg, Osteomyelitis); Tibia | \$844.84 | |
| 27641 | Partial Excision (Craterization, Saucerization, Or Diaphysectomy), Bone (Eg, Osteomyelitis); Fibula | \$598.63 | |
| 27645 | Radical Resection Of Tumor; Tibia | \$1,589.14 | |
| 27646 | Radical Resection Of Tumor; Fibula | \$1,382.97 | |
| 27647 | Radical Resection Of Tumor; Talus Or Calcaneus | \$922.40 | |
| 27648 | Injection Procedure For Ankle Arthrography | \$194.99 | |
| 27650 | Repair Of Ruptured Achilles Tendon, Open Or Through Skin Procedure | \$676.21 | |
| 27652 | Repair Of Ruptured Achilles Tendon With Graft, Open Or Through Skin Procedure | \$610.27 | |
| 27654 | Repair, Secondary, Achilles Tendon, With Or Without Graft | \$730.54 | |
| 27656 | Repair, Fascial Defect Of Leg | \$482.30 | |
| 27658 | Repair Of Leg Tendon On The Back Side Of The Leg (Flexor), Primary, Without Graft | \$364.85 | |
| 27659 | Repair Of Leg Tendon On The Back Side Of The Leg (Flexor), Secondary With Or Without Graft | \$483.39 | |
| 27664 | Repair Of Leg Tendon On The Front Of The Leg (Extensor), Primary, Without Graft | \$338.06 | |
| 27665 | Repair Of Leg Tendon On The Front Of The Leg (Extensor), Secondary With Or Without Graft | \$426.23 | |
| 27675 | Repair Of Dislocating Lower Leg Tendons Without A Cut Through The Lower Leg Bone On The Outside Of The Leg (Fibula) | \$505.82 | |
| 27676 | Repair Of Dislocating Lower Leg Tendons With A Cut Through The Lower Leg Bone On The Outside Of The Leg (Fibula) | \$652.94 | |
| 27680 | Tenolysis, Flexor Or Extensor Tendon, Leg And/Or Ankle; Single, Each Tendon | \$401.36 | |
| 27681 | Tenolysis, Flexor Or Extensor Tendon, Leg And/Or Ankle; Multiple Tendons (Through Separate Incision(S)) | \$468.62 | |
| 27685 | Lengthening Or Shortening Of Tendon, Leg Or Ankle; Single Tendon (Separate Procedure) | \$624.52 | |
| 27686 | Lengthening Or Shortening Of Tendon, Leg Or Ankle; Multiple Tendons (Through Same Incision), Each | \$490.75 | |
| 27687 | Gastrocnemius Recession (Eg, Strayer Procedure) | \$475.77 | |
| 27690 | Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Superficial (Eg, Anterior Tibial Extensors Into Midfoot) | \$592.10 | |
| 27691 | Transfer Or Transplant Of Single Tendon (With Muscle Redirection Or Rerouting); Deep (Eg, Anterior Tibial Or Posterior Tibial Through Interosseous Space, Flexor Digitorum Longus, Flexor Hallucis Longus, Or Peroneal Tendon To Midfoot Or Hindfoot) | \$726.31 | |
| 27692 | Transplant Of Tendon And Muscle Rerouting At Lower Leg Or Ankle, Additional Tendon | \$100.57 | |
| 27695 | Repair Of Disrupted Collateral Ligament Of Ankle, Primary | \$493.34 | |
| 27696 | Primary Repair Of Disruption Of Both Ankle Ligaments | \$563.30 | |
| 27698 | Repair Of Disrupted Collateral Ligament Of Ankle, Secondary | \$651.04 | |
| 27700 | Arthroplasty, Ankle; | \$566.86 | |
| 27702 | Arthroplasty, Ankle; With Implant ("Total Ankle") | \$975.00 | |
| 27703 | Arthroplasty, Ankle; Revision, Total Ankle | \$1,007.98 | |
| 27704 | Removal Of Ankle Implant | \$524.74 | |
| 27705 | Osteotomy; Tibia | \$770.51 | |
| 27707 | Osteotomy; Fibula | \$374.51 | |
| 27709 | Osteotomy; Tibia And Fibula | \$1,037.51 | |
| 27712 | Osteotomy; Multiple, With Realignment On Intramedullary Rod (Eg, Sofidel Type Procedure) | \$964.05 | |
| 27715 | Osteoplasty, Tibia And Fibula, Lengthening Or Shortening | \$973.15 | |
| 27720 | Repair Of Nonunion Or Malunion, Tibia; Without Graft, (Eg, Compression Technique, Etc) | \$886.01 | |
| 27722 | Repair Of Nonunion Or Malunion, Tibia; With Sliding Graft | \$815.56 | |
| 27724 | Repair Of Nonunion Or Malunion, Tibia; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) | \$1,257.25 | |
| 27725 | Repair Of Nonunion Or Malunion, Tibia; By Synostosis, With Fibula, Any Method | \$1,101.07 | |
| 27726 | Repair Of Fibula Nonunion And/Or Malunion With Internal Fixation | \$977.05 | |
| 27727 | Repair Of Congenital Pseudarthrosis, Tibia | \$954.58 | |
| 27730 | Scraping Or Stapling Of Shin Bone Growth Plate, Open Procedure | \$512.51 | |
| 27732 | Scraping Or Stapling Of Leg Bone Growth Plate, Open Procedure | \$419.09 | |
| 27734 | Scraping Or Stapling Of Growth Plates Of Leg Bones, Open Procedure | \$602.97 | |
| 27740 | Arrest, Epiphyseal (Epiphysiodesis), Any Method, Combined, Proximal And Distal Tibia And Fibula; | \$647.54 | |
| 27742 | Epiphyseal Arrest By Epiphysiodesis Or Stapling, Combined, Proximal And Distal Tibia And Fibula; And Distal Femur | \$709.54 | |
| 27745 | Prophylactic Treatment (Nailing, Pinning, Plating Or Wiring) With Or Without Methyl Methacrylate, Tibia | \$691.31 | |
| 27750 | Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); Without Manipulation | \$360.58 | |
| 27752 | Closed Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture); With Manipulation, With Or Without Skeletal Traction | \$568.48 | |
| 27756 | Insertion Of Fixation To Broken Shin Bone, Accessed Through The Skin | \$593.15 | |
| 27758 | Open Treatment Of Tibial Shaft Fracture, (With Or Without Fibular Fracture) With Plate/Screws, With Or Without Cerclage | \$907.86 | |
| 27759 | Treatment Of Tibial Shaft Fracture (With Or Without Fibular Fracture) By Intramedullary Implant, With Or Without Interlocking Screws And/Or Cerclage | \$1,005.69 | |
| 27760 | Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation | \$322.84 | |
| 27762 | Closed Treatment Of Inside Portion Of The Leg (Tibial) Bone Of The Ankle With Manipulation | \$330.42 | |
| 27766 | Open Treatment Of The Inside Prominence Of Bone Of The Leg (Fibula) In The Region Of The Ankle | \$619.07 | |
| 27767 | Closed Treatment Of Back Portion Of The Leg (Tibial) Bone Of The Ankle Without Manipulation | \$263.08 | |
| 27768 | Closed Treatment Of Back Portion Of The Leg (Tibial) Bone Of The Ankle With Manipulation | \$417.48 | |
| 27769 | Open Treatment Of The Prominence Of The Ankle Located In The Back Of The Ankle | \$724.34 | |
| 27780 | Closed Treatment Of The Outside Bone Of The Leg (Fibula) In The Middle Or Upper End Without Manipulation | \$214.99 | |
| 27781 | Closed Treatment Of The Outside Bone Of The Leg (Fibula) In The Middle Or Upper End With Manipulation | \$317.09 | |
| 27784 | Open Treatment Of The Outer Bone Of The Lower Leg | \$649.10 | |
| 27786 | Closed Treatment Of The Outside Bone Of The Leg (Fibula) In The Region Of The Ankle Without Manipulation | \$329.48 | |
| 27788 | Closed Treatment Of The Outside Bone Of The Leg (Fibula) In The Region Of The Ankle With Manipulation | \$318.71 | |
| 27792 | Open Treatment Of The Outside Prominence Of Bone Of The Leg (Fibula) In The Region Of The Ankle | \$659.35 | |
| 27808 | Closed Treatment Of Both The Portion Of The Both Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle Without Manipulation | \$233.29 | |
| 27810 | Closed Treatment Of Both The Portion Of The Both Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle With Manipulation | \$419.06 | |
| 27814 | Open Treatment Of Prominences Of Both Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle Without Hardware Fixation | \$777.65 | |
| 27816 | Closed Treatment Of All Three The Portions Of The Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle Without Manipulation | \$298.61 | |
| 27818 | Closed Treatment Of All Three The Portions Of The Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle With Manipulation | \$493.32 | |
| 27822 | Open Treatment Of All Three Prominences Of The Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle | \$899.44 | |
| 27823 | Open Treatment Of Prominences Of Both Bones Of The Leg (Tibia And Fibula) In The Region Of The Ankle With Hardware Fixation | \$1,007.66 | |
| 27824 | Closed Treatment Of Fracture Of Weight Bearing Articular Portion Of Distal Tibia (Eg, Pilon Or Tibial Plafond), With Or Without Anesthesia; Without Manipulation | \$265.76 | |
| 27825 | Closed Treatment Of Fracture Of Weight Bearing Articular Portion Of Distal Tibia (Eg, Pilon Or Tibial Plafond), With Or Without Anesthesia; With Skeletal Traction And/Or Requiring Manipulation | \$369.12 | |
| 27826 | Open Treatment Of Fracture Of Lower Weight Bearing Joint Of Fibula (Smaller Lower Leg Bone) | \$773.92 | |
| 27827 | Open Treatment Of Fracture Of Lower Weight Bearing Joint Of Shin Bone | \$918.58 | |
| 27828 | Open Treatment Of Fracture Of Lower Weight Bearing Joint Of Both Lower Leg Bones | \$1,259.80 | |
| 27829 | Open Treatment Of Distal Tibiofibular Joint (Syndesmosis) Disruption, Includes Internal Fixation, When Performed | \$537.71 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 27830 | Closed Treatment Of Proximal Tibiofibular Joint Dislocation; Without Anesthesia | \$366.86 | |
| 27831 | Treatment Of Proximal Tibiofibular Joint Dislocation; Requiring Anesthesia | \$380.33 | |
| 27832 | Open Treatment Of Proximal Tibiofibular Joint Dislocation, Includes Internal Fixation, When Performed, Or With Excision Of Proximal Fibula | \$692.49 | |
| 27840 | Closed Treatment Of Ankle Dislocation; Without Anesthesia | \$259.96 | |
| 27842 | Closed Treatment Of Ankle Dislocation; Requiring Anesthesia, With Or Without Percutaneous Skeletal Fixation | \$430.85 | |
| 27846 | Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal Fixation; Without Repair Or Internal Fixation | \$662.01 | |
| 27848 | Open Treatment Of Ankle Dislocation, With Or Without Percutaneous Skeletal Fixation; With Repair Or Internal Or External Fixation | \$797.48 | |
| 27860 | Manipulation Of Ankle Under General Anesthesia (Includes Application Of Traction Or Other Fixation Apparatus) | \$156.50 | |
| 27870 | Fusion Of Ankle Joint, Open Procedure | \$1,012.84 | |
| 27871 | Arthrodesis, Tibiofibular Joint, Proximal Or Distal | \$692.81 | |
| 27880 | Amputation Leg, Through Tibia And Fibula; | \$816.23 | |
| 27881 | Amputation Leg, Through Tibia And Fibula; With Immediate Fitting Technique Including Application Of First Cast | \$763.69 | |
| 27882 | Amputation Of Leg, Open Procedure | \$582.93 | |
| 27884 | Amputation Of Leg, Secondary Closure | \$487.41 | |
| 27886 | Amputation Leg, Through Tibia And Fibula; Reamputation | \$664.32 | |
| 27888 | Amputation, Ankle, Through Malleoli Of Tibia And Fibula (Eg, Syme, Pirogoff Type Procedures), With Plastic Closure And Resection Of Nerves | \$588.43 | |
| 27889 | Amputation Of Foot Through Ankle Joint | \$566.51 | |
| 27892 | Decompression Fasciotomy, Leg; Anterior And/Or Lateral Compartments Only, With Debridement Of Nonviable Muscle And/Or Nerve | \$459.35 | |
| 27893 | Decompression Fasciotomy, Leg; Posterior Compartment(S) Only, With Debridement Of Nonviable Muscle And/Or Nerve | \$563.33 | |
| 27894 | Decompression Fasciotomy, Leg; Anterior And/Or Lateral, And Posterior Compartment(S), With Debridement Of Nonviable Muscle And/Or Nerve | \$542.22 | |
| 27899 | Unlisted Procedure, Leg Or Ankle | Price By Report | |
| 28001 | Drainage Of Fluid-Filled Sac (Bursa) Of Foot, Superficial | \$165.02 | |
| 28002 | Drainage Of Fluid-Filled Sac (Bursa) Of Foot, Deep | \$263.57 | |
| 28003 | Deep Infection, Below Fascia, Requiring Deep Dissection, With Or Without Tendon Sheath Involvement; Multiple Areas | \$398.33 | |
| 28005 | Incision, Bone Cortex (Eg, Osteomyelitis Or Bone Abscess), Foot | \$496.07 | |
| 28008 | Fasciotomy, Foot And/Or Toe | \$297.43 | |
| 28010 | Repair Of Toe Tendon, Accessed Through The Skin | \$207.42 | |
| 28011 | Repair Of Multiple Toe Tendons, Accessed Through The Skin | \$293.96 | |
| 28020 | Incision Of Foot Bone At Ankle Joint With Exploration, Drainage, Or Removal Of Foreign Body | \$519.10 | |
| 28022 | Exploration, Drainage, Or Removal Of Foreign Body Of Foot | \$336.98 | |
| 28024 | Exploration, Drainage, Or Removal Of Foreign Body Of Toe Joint | \$408.08 | |
| 28035 | Release, Tarsal Tunnel (Posterior Tibial Nerve Decompression) | \$468.26 | |
| 28039 | 1.5 Cm Or Greater | \$509.90 | |
| 28041 | Excision, Tumor, Soft Tissue Of Foot Or Toe, Subfascial (Eg, Intramuscular); 1. 5 Cm Or Greater | \$483.98 | |
| 28043 | Excision, Tumor, Soft Tissue Of Foot Or Toe, Subcutaneous; Less Than 1.5 Cm | \$341.42 | |
| 28045 | Excision, Tumor, Soft Tissue Of Foot Or Toe, Subfascial (Eg, Intramuscular); Less Than 1.5 Cm | \$450.66 | |
| 28046 | Removal (Less Than 3 Centimeters) Tissue Growth Of Foot Or Toe | \$655.34 | |
| 28047 | Removal (3 Centimeters Or Greater) Tissue Growth Of Foot Or Toe | \$939.95 | |
| 28050 | Biopsy Through A Joint Opening In The Midfoot | \$394.00 | |
| 28052 | Biopsy Through A Joint Opening In The Toe/Forefoot Joint | \$369.69 | |
| 28054 | Arthrotomy For Synovial Biopsy; Interphalangeal Joint | \$348.19 | |
| 28055 | Neurectomy, Intrinsic Musculature Of Foot | \$354.44 | |
| 28060 | Fasciectomy, Plantar Fascia; Partial (Separate Procedure) | \$448.13 | |
| 28062 | Fasciectomy, Excision Of Plantar Fascia; Radical (Separate Procedure) | \$536.92 | |
| 28070 | Synovectomy; Intertarsal Or Tarsometatarsal Joint, Each | \$485.91 | |
| 28072 | Synovectomy; Metatarsophalangeal Joint, Each | \$463.43 | |
| 28080 | Excision, Interdigital (Morton) Neuroma, Single, Each | \$368.78 | |
| 28086 | Removal Of Lining Of The Foot Tendon On The Under Surface Of The Foot | \$506.32 | |
| 28088 | Removal Of Lining Of The Foot Tendon On The Upper Surface Of The Foot | \$431.76 | |
| 28090 | Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg, Cyst Or Ganglion); Foot | \$321.91 | |
| 28092 | Excision Of Lesion, Tendon, Tendon Sheath, Or Capsule (Including Synovectomy) (Eg, Cyst Or Ganglion); Toe(S), Each | \$375.27 | |
| 28100 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; | \$554.86 | |
| 28102 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) | \$560.82 | |
| 28103 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Talus Or Calcaneus; With Homogenous Bone Graft | \$360.75 | |
| 28104 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal, Except Talus Or Calcaneus; | \$464.03 | |
| 28106 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) | \$396.29 | |
| 28107 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Tarsal Or Metatarsal Bones, Except Talus Or Calcaneus; With Homogenous Bone Graft | \$477.23 | |
| 28108 | Excision Or Curettage Of Bone Cyst Or Benign Tumor, Phalanges; | \$411.03 | |
| 28110 | Ostectomy, Partial Excision, Fifth Metatarsal Head (Bunionette) (Separate Procedure) | \$319.34 | |
| 28111 | Ostectomy; Complete Excision Of First Metatarsal Head | \$478.36 | |
| 28112 | Removal Of Bones At Second, Third, Or Fourth Toe Joints | \$341.97 | |
| 28113 | Ostectomy; Fifth Metatarsal Head | \$404.13 | |
| 28114 | Ostectomy, Complete Excision; All Metatarsal Heads, With Partial Proximal Phalangectomy, Excluding First Metatarsal (Eg, Clayton Type Procedure) | \$995.58 | |
| 28116 | Ostectomy, Excision Of Tarsal Coalition | \$688.70 | |
| 28118 | Ostectomy, Calcaneus; Partial (Cotton Scoop Type Procedure) | \$622.16 | |
| 28119 | Ostectomy, Calcaneus; For Spur, With Or Without Plantar Fascial Release | \$475.66 | |
| 28120 | Partial Removal Of Foot Or Heel Bone For Bone Infection In The Mid Hindfoot Area | \$463.10 | |
| 28122 | Partial Removal Of Foot Or Heel Bone For Bone Infection In The Midfoot Area | \$469.64 | |
| 28124 | Partial Excision (Craterization, Saucerization, Sequestrectomy, Or Diaphysectomy) Bone (Eg, Osteomyelitis Or Bossing); Phalanx Of Toe | \$333.59 | |
| 28126 | Resection, Partial Or Complete, Phalangeal Base, Each Toe | \$290.02 | |
| 28130 | Talectomy (Astragalectomy) | \$602.31 | |
| 28140 | Metatarsectomy | \$477.46 | |
| 28150 | Phalangectomy, Toe, Each Toe | \$394.36 | |
| 28153 | Resection, Condyle(S), Distal End Of Phalanx, Each Toe | \$385.84 | |
| 28160 | Hemiphalangectomy Or Interphalangeal Joint Excision, Toe, Proximal End Of Phalanx, Each | \$389.34 | |
| 28171 | Extensive Removal Of Bone Growth, Middle Portion Of Foot | \$1,000.26 | |
| 28173 | Radical Resection Of Tumor; Metatarsal | \$671.66 | |
| 28175 | Radical Resection Of Tumor; Phalanx Of Toe | \$435.24 | |
| 28190 | Removal Of Foreign Body Of Foot Tissue, Accessed Beneath The Skin | \$239.35 | |
| 28192 | Removal Of Foreign Body Of Foot Tissue, Deep | \$319.50 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|------------|-------------------|
| 28193 | Removal Of Foreign Body Of Foot Tissue, Complicated | \$361.66 | |
| 28200 | Repair Of Foot Tendon On The Sole Of The Foot Without A Graft | \$394.97 | |
| 28202 | Repair Of Foot Tendon On The Sole Of The Foot With A Graft | \$560.40 | |
| 28208 | Repair Of Foot Tendon On The Top Side Of The Foot Without A Graft | \$334.17 | |
| 28210 | Repair Of Foot Tendon On The Top Side Of The Foot With A Graft | \$550.82 | |
| 28220 | Release Of Single Foot Tendon On The Bottom Side Of The Foot (Flexor Tendon) | \$425.78 | |
| 28222 | Tenolysis, Flexor, Foot; Multiple Tendons | \$490.49 | |
| 28225 | Release Of Single Foot Tendon On The Top Side Of The Foot (Extensor) | \$443.97 | |
| 28226 | Tenolysis, Extensor, Foot; Multiple Tendons | \$582.54 | |
| 28230 | Incision To Lengthen Foot Tendons, Open Procedure | \$409.19 | |
| 28232 | Incision To Lengthen Toe Tendon, Open Procedure | \$263.35 | |
| 28234 | Incision To Release Foot Tendon, Open Procedure | \$364.37 | |
| 28238 | Reconstruction (Advancement), Posterior Tibial Tendon With Excision Of Accessory Tarsal Navicular Bone (Eg, Kidner Type Procedure) | \$699.56 | |
| 28240 | Tenotomy Or Release, Abductor Hallucis Muscle (McCauley Type Procedure) | \$421.07 | |
| 28250 | Division Of Plantar Fascia And Muscle (Eg, Steindler Stripping) (Separate Procedure) | \$545.07 | |
| 28260 | Capsulotomy, Midfoot; Medial Release Only (Separate Procedure) | \$663.38 | |
| 28261 | Capsulotomy, Midfoot; With Tendon Lengthening | \$814.60 | |
| 28262 | Capsulotomy, Midfoot; Extensive, Including Posterior Talotibial Capsulotomy And Tendon(S) Lengthening (Eg, Resistant Clubfoot Deformity) | \$1,009.46 | |
| 28264 | Capsulotomy, Midtarsal (Eg, Heyman Type Procedure) | \$841.20 | |
| 28270 | Capsulotomy; Metatarsophalangeal Joint, With Or Without Tenorrhaphy, Each Joint (Separate Procedure) | \$431.51 | |
| 28272 | Capsulotomy; Interphalangeal Joint, Each Joint (Separate Procedure) | \$363.69 | |
| 28280 | Syndactylization, Toes (Eg, Webbing Or Kelikian Type Procedure) | \$481.97 | |
| 28285 | Correction, Hammertoe (Eg, Interphalangeal Fusion, Partial Or Total Phalangectomy) | \$370.97 | |
| 28286 | Correction, Cock-Up Fifth Toe, With Plastic Skin Closure (Eg, Ruiz-Mora Type Procedure) | \$418.23 | |
| 28288 | Osteotomy, Partial, Exostectomy Or Condylectomy, Metatarsal Head, Each Metatarsal Head | \$418.07 | |
| 28289 | Correction Of Rigid Deformity Of First Joint Of Big Toe | \$731.35 | |
| 28291 | Correction Of Rigid Deformity Of First Joint Of Big Toe Using Implant | \$667.60 | |
| 28292 | Correction Of Bunion With Removal Of The Base Of The Great Toe | \$553.02 | |
| 28295 | Correction Of Bunion, With Alignment Correction Of Midfoot Bone (Metatarsal) Towards The Ankle Area | \$1,034.65 | |
| 28296 | Correction Of Bunion, With Alignment Correction Of Midfoot Bone (Metatarsal) Towards Toe Areas | \$777.21 | |
| 28297 | Correction Of Bunion, With Fusion Of The Midfoot (Metatarsal) Bone And The Hindfoot Bone (Tarsal) | \$740.37 | |
| 28298 | Correction Of Bunion, With Alignment Correction The Great Toe | \$678.10 | |
| 28299 | Correction Of Bunion, With Two Areas Of Realignment | \$857.22 | |
| 28300 | Osteotomy; Calcaneus (Eg, Dwyer Or Chambers Type Procedure), With Or Without Internal Fixation | \$655.47 | |
| 28302 | Osteotomy; Talus | \$654.30 | |
| 28304 | Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus; | \$631.04 | |
| 28305 | Osteotomy, Tarsal Bones, Other Than Calcaneus Or Talus; With Autograft (Includes Obtaining Graft) (Eg, Fowler Type) | \$623.87 | |
| 28306 | Incision To Straighten Big Toe Bone At The First Midfoot Bone (Metatarsal) Level | \$464.44 | |
| 28307 | Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; First Metatarsal With Autograft (Other Than First Toe) | \$737.82 | |
| 28308 | Incision To Straighten Toe Bone (Other Than The Big Toe) At The Midfoot Bone (Metatarsal) Level | \$472.10 | |
| 28309 | Osteotomy, With Or Without Lengthening, Shortening Or Angular Correction, Metatarsal; Multiple (Eg, Swanson Type Cavus Foot Procedure) | \$815.39 | |
| 28310 | Incision To Straighten Big Toe Bone At The First Toe Bone Level | \$481.52 | |
| 28312 | Incision To Straighten Toe Bone (Other Than The Big Toe) At Toe Bone Level | \$489.37 | |
| 28313 | Reconstruction, Angular Deformity Of Toe, Soft Tissue Procedures Only (Eg, Overlapping Second Toe, Fifth Toe, Curly Toes) | \$496.40 | |
| 28315 | Sesamoidectomy, First Toe (Separate Procedure) | \$332.33 | |
| 28320 | Repair Of Non-Healed Midfoot Bone | \$622.77 | |
| 28322 | Repair Of Non-Healed Forefoot Bone | \$732.80 | |
| 28340 | Reconstruction Of Abnormal Toe, Without Bone Removal | \$533.97 | |
| 28341 | Reconstruction Of Abnormal Toe, With Bone Removal | \$617.85 | |
| 28344 | Reconstruction, Toe(S) Polydactyly | \$322.46 | |
| 28345 | Reconstruction, Toe(S) Syndactyly, With Or Without Skin Graft(S), Each Web | \$457.39 | |
| 28360 | Reconstruction, Cleft Foot | \$1,002.08 | |
| 28400 | Closed Treatment Of Calcaneal Fracture; Without Manipulation | \$223.28 | |
| 28405 | Closed Treatment Of Calcaneal Fracture; With Manipulation | \$401.84 | |
| 28406 | Insertion Of Hardware To Broken Heel Bone With Manipulation, Accessed Through The Skin | \$525.42 | |
| 28415 | Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; | \$944.15 | |
| 28420 | Open Treatment Of Calcaneal Fracture, Includes Internal Fixation, When Performed; With Primary Iliac Or Other Autogenous Bone Graft (Includes Obtaining Graft) | \$1,186.88 | |
| 28430 | Closed Treatment Of Talus Fracture; Without Manipulation | \$186.10 | |
| 28435 | Treatment Of Closed Talus Fracture; With Manipulation | \$331.58 | |
| 28436 | Insertion Of Hardware To Broken Ankle Joint With Manipulation, Accessed Through The Skin | \$465.59 | |
| 28445 | Open Treatment Of The Bone That Connects The Foot To The Ankle | \$898.41 | |
| 28446 | Implantation Of Donor Cartilage Cells Into Foot Joint With Grafts, Open Procedure | \$1,109.61 | |
| 28450 | Treatment Of Broken Foot Bone Without Manipulation | \$153.03 | |
| 28455 | Treatment Of Broken Foot Bone With Manipulation | \$274.88 | |
| 28456 | Insertion Of Hardware To Broken Foot Joint With Manipulation, Accessed Through The Skin | \$351.82 | |
| 28465 | Open Treatment Of Fracture Of The Hind Portion Of The Foot | \$510.62 | |
| 28470 | Closed Treatment Of Broken Foot Bone In The Fore Or Midfoot Without Manipulation | \$228.56 | |
| 28475 | Treatment Of Closed Metatarsal Fracture; With Manipulation, Each | \$228.56 | |
| 28476 | Insertion Of Hardware To Broken Foot Bone With Manipulation, Accessed Through The Skin | \$408.70 | |
| 28485 | Open Treatment Of Fracture Of The Mid Portion Of The Foot | \$419.58 | |
| 28490 | Closed Treatment Of Fracture Great Toe, Phalanx Or Phalanges; Without Manipulation | \$98.06 | |
| 28495 | Treatment Of Closed Fracture Great Toe, Phalanx Or Phalanges; With Manipulation | \$169.39 | |
| 28496 | Insertion Of Hardware To Broken Great Toe With Manipulation, Accessed Through The Skin | \$408.55 | |
| 28505 | Open Treatment Of Fracture, Great Toe, Phalanx Or Phalanges, Includes Internal Fixation, When Performed | \$454.13 | |
| 28510 | Closed Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe; Without Manipulation, Each | \$83.50 | |
| 28515 | Treatment Of Closed Fracture, Phalanx Or Phalanges, Other Than Great Toe; With Manipulation, Each | \$113.49 | |
| 28525 | Open Treatment Of Fracture, Phalanx Or Phalanges, Other Than Great Toe, Includes Internal Fixation, When Performed, Each | \$503.96 | |
| 28530 | Closed Treatment Of A Small Bone In A Tendon In The Foot | \$107.75 | |
| 28531 | Open Treatment Of Fracture Of Fracture Of A Small Bone Within A Tendon In The Foot | \$314.70 | |
| 28540 | Closed Treatment Of Tarsal Bone Dislocation, Other Than Talotarsal; Without Anesthesia | \$184.97 | |
| 28545 | Treatment Of Closed Tarsal Bone Dislocation; Requiring Anesthesia | \$291.08 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 28546 | Insertion Of Hardware To Foot Joint Dislocation With Manipulation, Accessed Through The Skin, Other Than The Ankle (Talus) To The Midfoot (Tarsal) Bones | \$559.97 | |
| 28555 | Open Treatment Of Dislocation Foot Joint Within The Hindfoot Bones | \$801.91 | |
| 28570 | Closed Treatment Of Dislocated Hindfoot Without Anesthesia | \$221.77 | |
| 28575 | Closed Treatment Of Dislocated Hindfoot With Anesthesia | \$339.09 | |
| 28576 | Insertion Of Hardware To Foot Joint Dislocation With Manipulation, Accessed Through The Skin Of The Ankle (Talus) With The Midfoot (Tarsal) Bones | \$354.49 | |
| 28585 | Open Treatment Of Dislocation Foot Joint Within The Midfoot Bones | \$827.44 | |
| 28600 | Closed Treatment Of Dislocated Midfoot Without Anesthesia | \$197.47 | |
| 28605 | Closed Treatment Of Dislocated Midfoot With Anesthesia | \$235.94 | |
| 28606 | Insertion Of Hardware To Foot Joint Dislocation With Manipulation, Accessed Through The Skin Of The Midfoot (Tarsal) Bones Joint With The Forefoot (Metatarsal) Bones | \$389.83 | |
| 28615 | Open Treatment Of Dislocation At The Connection Of The Midfoot To The Forefoot | \$560.89 | |
| 28630 | Closed Treatment Of Metatarsophalangeal Joint Dislocation; Without Anesthesia | \$111.90 | |
| 28635 | Treatment Of Closed Metatarsophalangeal Joint Dislocation; Requiring Anesthesia | \$163.51 | |
| 28636 | Insertion Of Hardware To Foot Bone Dislocation With Manipulation, Accessed Through The Skin | \$296.03 | |
| 28645 | Open Treatment Of Metatarsophalangeal Joint Dislocation, Includes Internal Fixation, When Performed | \$574.05 | |
| 28660 | Closed Treatment Of Interphalangeal Joint Dislocation; Without Anesthesia | \$83.94 | |
| 28665 | Treatment Of Closed Interphalangeal Joint Dislocation; Requiring Anesthesia | \$141.26 | |
| 28666 | Insertion Of Hardware To Toe Joint Dislocation With Manipulation, Accessed Through The Skin | \$167.53 | |
| 28675 | Open Treatment Of Interphalangeal Joint Dislocation, Includes Internal Fixation, When Performed | \$511.42 | |
| 28705 | Fusion Of All Bones Of The Ankle And Hindfoot | \$1,114.21 | |
| 28715 | Fusion Of Three Major Bones Of The Hindfoot | \$956.80 | |
| 28725 | Fusion Of Foot Below The Ankle, Simple | \$792.45 | |
| 28730 | Fusion Of Multiple Foot Joints Without A Bone Incision | \$747.89 | |
| 28735 | Fusion Of Multiple Foot Joints With A Bone Incision | \$718.10 | |
| 28737 | Fusion Of Foot Below The Ankle, Complex | \$745.49 | |
| 28740 | Fusion Of Foot In The Midfoot Region | \$580.59 | |
| 28750 | Fusion Of Great Toe At The Joint With The Foot | \$539.34 | |
| 28755 | Fusion Of Great Toe, Between The Toe Joints | \$447.72 | |
| 28760 | Fusion Of Great Toe, Between The Toe Joints With Tendon Transfer | \$716.09 | |
| 28800 | Amputation Of Midfoot Bone | \$542.06 | |
| 28805 | Amputation Of Foot Across Instep | \$594.41 | |
| 28810 | Amputation Of Toe And Midfoot Bone | \$408.50 | |
| 28820 | Amputation Of Toe At Joint Between The Forefoot And Toes | \$314.16 | |
| 28825 | Amputation Of Toe At Toe Joints | \$235.17 | |
| 28890 | Extracorporeal Shock Wave, High Energy, Performed By A Physician Or Other Qualified Health Care Professional, Requiring Anesthesia Other Than Local, Including Ultrasound Guidance, Involving The Plantar Fascia | \$324.39 | |
| 28899 | Unlisted Procedure, Foot Or Toes | Price By Report | |
| 29000 | Application Of Halo Type Body Cast (See 20661-20663 For Insertion) | \$318.92 | |
| 29010 | Application Of Risser Jacket, Localizer, Body; Only | \$243.77 | |
| 29015 | Application Of Risser Jacket, Localizer, Body; Including Head | \$269.26 | |
| 29035 | Application Of Body Cast, Shoulder To Hips; | \$236.40 | |
| 29040 | Application Of Body Cast, Shoulder To Hips; Including Head, Minerva Type | \$269.23 | |
| 29044 | Application Of Body Cast, Shoulder To Hips; Including One Thigh | \$264.10 | |
| 29046 | Application Of Body Cast, Shoulder To Hips; Including Both Thighs | \$289.21 | |
| 29049 | Application, Cast; Figure-Of-Eight | \$91.11 | |
| 29055 | Application; Shoulder Spica | \$204.67 | |
| 29058 | Application; Plaster Velpeau | \$112.72 | |
| 29065 | Application Of Cast, Shoulder To Hand (Long Arm) | \$99.70 | |
| 29075 | Application Of Cast, Elbow To Finger (Short Arm) | \$91.50 | |
| 29085 | Application; Hand And Lower Forearm (Gauntlet) | \$97.35 | |
| 29086 | Application, Cast; Finger (Eg, Contracture) | \$71.21 | |
| 29105 | Application Of Long Arm Splint (Shoulder To Hand) | \$83.53 | |
| 29125 | Application Of Non-Moveable, Short Arm Splint (Forearm To Hand) | \$67.63 | |
| 29126 | Application Of Moveable, Hinged Short Arm Splint (Forearm To Hand) | \$52.64 | |
| 29130 | Application Of Non-Moveable, Hinged Finger Splint | \$41.83 | |
| 29131 | Application Of Moveable, Hinged Finger Splint | \$39.77 | |
| 29200 | Strapping; Thorax | \$31.62 | |
| 29240 | Strapping; Shoulder (Eg, Velpeau) | \$31.87 | |
| 29260 | Strapping; Elbow Or Wrist | \$32.87 | |
| 29280 | Strapping; Hand Or Finger | \$27.59 | |
| 29305 | Application Of Hip Spica Cast One Leg | \$227.04 | |
| 29325 | Application Of Hip Spica Cast, One And One-Half Hip Spica Or Both Legs | \$183.78 | |
| 29345 | Application Of Long Leg Cast (Thigh To Toes); | \$144.91 | |
| 29355 | Application Of Long Leg Cast (Thigh To Toes), Walker Or Ambulatory Type | \$129.85 | |
| 29358 | Application Of Long Leg Cast Brace | \$142.41 | |
| 29365 | Application Of Cylinder Cast (Thigh To Ankle) | \$112.60 | |
| 29405 | Application Of Short Leg Cast (Below Knee To Toes); | \$81.82 | |
| 29425 | Application Of Short Leg Cast (Below Knee To Toes), Walking Or Ambulatory Type | \$77.56 | |
| 29435 | Application Of Patellar Tendon Bearing (Ptb) Cast | \$103.32 | |
| 29440 | Adding Walker To Previously Applied Cast | \$39.48 | |
| 29445 | Application Of Rigid Total Contact Leg Cast | \$132.25 | |
| 29450 | Application Of Clubfoot Cast With Molding Or Manipulation, Long Or Short Leg | \$149.59 | |
| 29505 | Application Of Long Leg Splint (Thigh To Ankle Or Toes) | \$83.03 | |
| 29515 | Application Of Short Leg Splint (Calf To Foot) | \$72.73 | |
| 29520 | Strapping; Hip | \$37.33 | |
| 29530 | Strapping; Knee | \$28.69 | |
| 29540 | Strapping; Ankle And/Or Foot | \$29.89 | |
| 29550 | Strapping; Toes | \$17.89 | |
| 29580 | Strapping, Unna Boot | \$54.99 | |
| 29581 | Application Of Multi-Layer Compression System; Leg (Below Knee), Including Ankle And Foot | \$94.11 | |
| 29584 | Application Of Vein Wound Compression System Upper Arm, Forearm, Hand, And Fingers | \$80.24 | |
| 29700 | Removal Or Bivalving Of Gauntlet, Boot, Or Body Cast | \$41.84 | |
| 29705 | Removal Or Bivalving; Full Arm Or Full Leg Cast | \$42.65 | |
| 29710 | Removal Or Bivalving Of Shoulder, Hip Spica, Or Jacket Cast | \$110.99 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 29720 | Repair Of Spica, Body Cast, Or Jacket | \$78.21 | |
| 29730 | Windowing Of Cast | \$42.97 | |
| 29740 | Wedging Of Cast (Except Clubfoot Casts) | \$89.92 | |
| 29750 | Wedging Of Clubfoot Cast | \$97.02 | |
| 29799 | Unlisted Procedure, Casting Or Strapping | Price By Report | |
| 29800 | Arthroscopy, Temporomandibular Joint, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure) | \$486.48 | |
| 29804 | Arthroscopy, Temporomandibular Joint, Surgical | \$562.23 | |
| 29805 | Diagnostic Examination Of Shoulder Using An Endoscope | \$431.34 | |
| 29806 | Incision Of Should Joint Capsule Using An Endoscope | \$1,063.43 | |
| 29807 | Repair Of Shoulder Socket Cartilage Using An Endoscope | \$1,063.43 | |
| 29819 | Removal Of Loose Or Foreign Body Of Shoulder Using An Endoscope | \$538.77 | |
| 29820 | Partial Removal Of Shoulder Joint Lining Using An Endoscope | \$492.69 | |
| 29821 | Removal Of Entire Shoulder Joint Lining Using An Endoscope | \$545.64 | |
| 29822 | Limited Removal Of Abnormal Shoulder Joint Tissue Using Endoscope | \$552.52 | |
| 29823 | Extensive Removal Of Abnormal Shoulder Joint Tissue Using Endoscope | \$603.72 | |
| 29824 | Partial Removal Of Collar Bone At Shoulder Using An Endoscope | \$686.79 | |
| 29825 | Release Or Removal Of Shoulder Scar Tissue Using An Endoscope | \$598.86 | |
| 29826 | Shaving Of Shoulder Bone Using An Endoscope | \$171.08 | |
| 29827 | Repair Of Shoulder Rotator Cuff Using An Endoscope | \$1,113.98 | |
| 29828 | Release Of Shoulder Biceps Tendon Using An Endoscope | \$940.79 | |
| 29830 | Arthroscopy, Elbow, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure) | \$420.59 | |
| 29834 | Arthroscopy, Elbow, Surgical; With Removal Of Loose Body Or Foreign Body | \$452.95 | |
| 29835 | Arthroscopy, Elbow, Surgical; Synovectomy, Partial | \$467.50 | |
| 29836 | Arthroscopy, Elbow, Surgical; Synovectomy, Complete | \$537.76 | |
| 29837 | Arthroscopy, Elbow, Surgical; Debridement, Limited | \$540.76 | |
| 29838 | Arthroscopy, Elbow, Surgical; Debridement, Extensive | \$545.40 | |
| 29840 | Arthroscopy, Wrist, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure) | \$417.09 | |
| 29843 | Diagnostic Examination Of The Wrist Using An Endoscope For Infection, Irrigation, And Drainage | \$447.07 | |
| 29844 | Arthroscopy, Wrist, Surgical Synovectomy, Partial | \$460.76 | |
| 29845 | Arthroscopy, Wrist, Surgical Synovectomy, Complete | \$538.93 | |
| 29846 | Arthroscopy, Wrist, Surgical Excision Of Triangular Fibrocartilage And/Or Joint Debridement | \$534.30 | |
| 29847 | Arthroscopy, Wrist, Surgical Internal Fixation For Fracture Or Instability | \$498.51 | |
| 29848 | Endoscopy, Wrist, Surgical, With Release Of Transverse Carpal Ligament | \$511.07 | |
| 29850 | Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) | \$570.65 | |
| 29851 | Arthroscopically Aided Treatment Of Intercondylar Spine(S) And/Or Tuberosity Fracture(S) Of The Knee, With Or Without Manipulation; Without Internal Or External Fixation (Includes Arthroscopy) With Internal Or External Fixation (Includes Arthroscopy) | \$990.02 | |
| 29855 | Treatment Of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On One Side | \$713.02 | |
| 29856 | Treatment Of Broken Upper Portion Of The Leg Bone (Tibia) With Assistance Of An Endoscope On Both Sides | \$900.43 | |
| 29860 | Arthroscopy, Hip, Diagnostic With Or Without Synovial Biopsy (Separate Procedure) | \$589.50 | |
| 29861 | Arthroscopy, Hip, Surgical; With Removal Of Loose Body Or Foreign Body | \$740.52 | |
| 29862 | Arthroscopy, Hip, Surgical; With Debridement/Shaving Of Articular Cartilage (Chondroplasty), Abrasion Arthroplasty, And/Or Resection Of Labrum | \$830.82 | |
| 29863 | Arthroscopy, Hip, Surgical; With Synovectomy | \$828.88 | |
| 29866 | Arthroscopy, Knee, Surgical; Osteochondral Autograft(S) (Eg, Mosaicplasty) (Includes Harvesting Of The Autograft(S)) | \$956.82 | |
| 29867 | Donor Cartilage Graft At Knee Joint Using An Endoscope | \$1,158.51 | |
| 29868 | Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral | \$1,504.90 | |
| 29870 | Arthroscopy, Knee, Diagnostic, With Or Without Synovial Biopsy (Separate Procedure) | \$379.82 | |
| 29871 | Arthroscopy, Knee, Surgical; For Infection, Lavage And Drainage | \$524.88 | |
| 29873 | Arthroscopy, Knee, Surgical; With Lateral Release | \$551.97 | |
| 29874 | Arthroscopy, Knee, Surgical; For Removal Of Loose Body Or Foreign Body (Eg, Osteochondritis Dissecans Fragmentation, Chondral Fragmentation) | \$546.24 | |
| 29875 | Arthroscopy, Knee, Surgical; Synovectomy, Limited (Eg, Plica Or Shelf Resection) | \$506.45 | |
| 29876 | Arthroscopy, Knee, Surgical; Synovectomy, Major, Two Or More Compartments (Eg, Medial Or Lateral) | \$663.78 | |
| 29877 | Arthroscopy, Knee, Surgical; Debridement/Shaving Of Articular Cartilage (Chondroplasty) | \$632.00 | |
| 29879 | Repair Of Knee Joint With Drilling And Or Scraping Of The Joint | \$671.56 | |
| 29880 | Arthroscopy, Knee, Surgical; With Meniscectomy (Medial And Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment(S), When Performed | \$572.80 | |
| 29881 | Arthroscopy, Knee, Surgical; With Meniscectomy (Medial Or Lateral, Including Any Meniscal Shaving) Including Debridement/Shaving Of Articular Cartilage (Chondroplasty), Same Or Separate Compartment(S), When Performed | \$552.29 | |
| 29882 | Repair Of Inside Or Outside Knee Joint Cartilage (Meniscus) Using An Endoscope (Arthroscopy) | \$699.44 | |
| 29883 | Repair Of Inside And Outside Knee Joint Cartilage (Meniscus) Using An Endoscope (Arthroscopy) | \$850.85 | |
| 29884 | Arthroscopy, Knee, Surgical; With Lysis Of Adhesions With Or Without Manipulation (Separate Procedure) | \$629.08 | |
| 29885 | Repair Of Knee Joint With Bone Graft Using An Endoscope, With Bone Graft | \$690.43 | |
| 29886 | Repair Of Knee Joint With Bone Graft Using An Endoscope, Without Bone Graft | \$581.79 | |
| 29887 | Arthroscopy, Knee, Surgical; Drilling For Intact Osteochondritis Dissecans Lesion With Internal Fixation | \$687.58 | |
| 29888 | Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction | \$986.96 | |
| 29889 | Repair Of Posterior Cruciate Ligament Of Knee With Assistance Of An Endoscope | \$1,051.90 | |
| 29891 | Arthroscopy, Ankle, Surgical; Excision Of Osteochondral Defect Of Talus And/Or Tibia, Including Drilling Of The Defect | \$714.68 | |
| 29892 | Arthroscopically Aided Repair Of Large Osteochondritis Dissecans Lesion, Talar Dome Fracture, Or Tibial Plafond Fracture, With Or Without Internal Fixation (Includes Arthroscopy) | \$588.99 | |
| 29893 | Endoscopic Plantar Fasciotomy | \$602.01 | |
| 29894 | Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical With Removal Of Loose Body Or Foreign Body | \$515.59 | |
| 29895 | Partial Removal Of Ankle Joint Lining Using An Endoscope With Removal Of The Joint Lining | \$479.79 | |
| 29897 | Arthroscopy, Ankle, Surgical; Debridement, Limited | \$503.81 | |
| 29898 | Arthroscopy, Ankle, Surgical; Debridement, Extensive | \$574.38 | |
| 29899 | Arthroscopy, Ankle (Tibiotalar And Fibulotalar Joints), Surgical; With Ankle Arthrodesis | \$925.10 | |
| 29900 | Arthroscopy, Metacarpophalangeal Joint, Diagnostic, Includes Synovial Biopsy | \$464.71 | |
| 29901 | Arthroscopy, Metacarpophalangeal Joint, Surgical; With Debridement | \$497.48 | |
| 29902 | Treatment Of Displaced Ligament Of Finger Joint Using An Endoscope | \$526.85 | |
| 29904 | Arthroscopy, Subtalar Joint, Surgical; With Removal Of Loose Body Or Foreign Body | \$583.34 | |
| 29905 | Arthroscopy, Subtalar Joint, Surgical; With Synovectomy | \$477.57 | |
| 29906 | Arthroscopy, Subtalar Joint, Surgical; With Debridement | \$600.13 | |
| 29907 | Arthroscopy, Subtalar Joint, Surgical; With Subtalar Arthrodesis | \$798.53 | |
| 29914 | Arthroscopy, Hip, Surgical; With Femoroplasty (Ie, Treatment Of Cam Lesion) | \$1,008.30 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 29915 | Arthroscopy, Hip, Surgical; With Acetabuloplasty (Ie, Treatment Of Pincer Lesion) | \$1,035.52 | |
| 29916 | Arthroscopy, Hip, Surgical; With Labral Repair | \$1,029.43 | |
| 29999 | Unlisted Procedure, Arthroscopy | \$1,674.19 | |
| 30000 | Drainage Abscess Or Hematoma, Nasal, Internal Approach | \$261.39 | |
| 30020 | Drainage Abscess Or Hematoma, Nasal Septum | \$263.80 | |
| 30100 | Biopsy, Intranasal | \$137.08 | |
| 30110 | Removal Of Polyps In Nose, Simple | \$239.82 | |
| 30115 | Removal Of Polyps In Nose, Extensive Or Complex | \$420.47 | |
| 30117 | Removal Or Destruction Of Growth In Nose, Internal Approach | \$703.46 | |
| 30118 | Removal Or Destruction Of Growth In Nose, External Approach | \$749.73 | |
| 30120 | Excision Or Surgical Planing Of Skin Of Nose For Rhinophyma | \$479.00 | |
| 30124 | Excision Dermoid Cyst, Nose; Simple, Skin, Subcutaneous | \$287.88 | |
| 30125 | Excision Dermoid Cyst, Nose; Complex, Under Bone Or Cartilage | \$623.02 | |
| 30130 | Excision Inferior Turbinate, Partial Or Complete, Any Method | \$295.05 | |
| 30140 | Removal Of Nasal Air Passage, Under The Lining Tissue | \$312.70 | |
| 30150 | Rhinectomy; Partial | \$759.68 | |
| 30160 | Rhinectomy; Total | \$771.44 | |
| 30200 | Injection Into Turbinate(S), Therapeutic | \$106.23 | |
| 30210 | Displacement Therapy (Proetz Type) | \$144.51 | |
| 30220 | Insertion,Nasal Septal Prosthesis (Button) | \$218.72 | |
| 30300 | Removal Foreign Body, Intranasal; Office Type Procedure | \$227.05 | |
| 30310 | Removal Foreign Body, Intranasal; Requiring General Anesthesia | \$221.18 | |
| 30320 | Removal Foreign Body, Intranasal; By Lateral Rhinotomy | \$467.83 | |
| 30400 | Rhinoplasty, Primary Lateral And Alar Cartilages And/Or Elevation Of Nasal Tip | \$1,174.70 | |
| 30410 | Reshaping Of Bone, Cartilage, Or Tip Of Nose | \$1,313.81 | |
| 30420 | Rhinoplasty, Primary Including Major Septal Repair | \$1,289.99 | |
| 30430 | Rhinoplasty, Secondary Minor Revision (Small Amount Of Nasal Tip Work) | \$1,034.08 | |
| 30435 | Rhinoplasty, Secondary Intermediate Revision (Bony Work With Osteotomies) | \$1,275.36 | |
| 30450 | Rhinoplasty, Secondary Major Revision (Nasal Tip Work And Osteotomies) | \$1,647.33 | |
| 30460 | Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Palate, Including Columellar Lengthening; Tip Only | \$753.55 | |
| 30462 | Rhinoplasty For Nasal Deformity Secondary To Congenital Cleft Lip And/Or Palate, Including Columellar Lengthening; Tip, Septum, Osteotomies | \$1,486.82 | |
| 30465 | Repair Of Nasal Vestibular Stenosis (Eg, Spreader Grafting, Lateral Nasal Wall Reconstruction) | \$1,013.43 | |
| 30468 | Repair Of Collapsed Nostril Using Implant In Side Of Nose | \$2,591.34 | PA Required |
| 30469 | Repair Of Collapsed Nasal Valve | \$2,297.07 | |
| 30520 | Septoplasty With Or Without Cartilage Implant (Separate Procedure) | \$714.26 | |
| 30540 | Reconstruction To Create Nasal Passages Through The Nose | \$705.24 | |
| 30545 | Reconstruction To Create Nasal Passages Through The Palate | \$954.24 | |
| 30560 | Lysis Intranasal Synechia | \$233.81 | |
| 30580 | Repair Fistula; Oromaxillary (Combine With 31030 If Antrotomy Is Included) | \$647.24 | |
| 30600 | Repair Fistula; Oronasal | \$460.56 | |
| 30620 | Septal Or Other Intranasal Dermatoplasty (Does Not Include Obtaining Graft) | \$650.10 | |
| 30630 | Repair Nasal Septal Perforations | \$638.39 | |
| 30801 | Ablation, Soft Tissue Of Inferior Turbinates, Unilateral Or Bilateral, Any Method (Eg, Electrocautery, Radiofrequency Ablation, Or Tissue Volume Reduction); Superficial | \$156.35 | |
| 30802 | Ablation, Soft Tissue Of Inferior Turbinates, Unilateral Or Bilateral, Any Method (Eg, Electrocautery, Radiofrequency Ablation, Or Tissue Volume Reduction); Intramural (Ie, Submucosal) | \$290.01 | |
| 30901 | Control Nasal Hemorrhage, Anterior, Simple (Limited Cautery And/Or Packing) Any Method | \$116.13 | |
| 30903 | Control Nasal Hemorrhage, Anterior, Complex (Extensive Cautery And/Or Packing) Any Method | \$187.43 | |
| 30905 | Control Nasal Hemorrhage, Posterior, With Posterior Nasal Packs And/Or Cautery, Any Method; Initial | \$250.33 | |
| 30906 | Control Nasal Hemorrhage, Posterior, With Posterior Nasal Packs; Initial Subsequent | \$357.62 | |
| 30915 | Tying Of Artery (Ethmoidal) For Control Of Nose Bleed | \$569.17 | |
| 30920 | Tying Of Artery (Internal Maxillary) For Control Of Nose Bleed | \$823.84 | |
| 30930 | Fracture Nasal Inferior Turbinate(S), Therapeutic | \$121.95 | |
| 30999 | Unlisted Procedure, Nose | Price By Report | |
| 31000 | Irrigation Of Nasal Sinus (Maxillary) | \$175.61 | |
| 31002 | Irrigation Of Nasal Sinus (Sphenoid) | \$135.82 | |
| 31020 | Incision Of Nasal (Maxillary) Sinus Through The Nose | \$442.65 | |
| 31030 | Create A Window Into The Nasal (Maxillary) Sinus | \$610.21 | |
| 31032 | Sinusotomy, Maxillary (Antrotomy) Radical (Caldwell-Luc) With Removal Of Antrochoanal Polyps | \$563.64 | |
| 31040 | Surgery On Pterygomaxillary Fossa Contents By Transantral Approach | \$762.06 | |
| 31050 | Incision Of Nasal (Sphenoid) Sinus | \$493.93 | |
| 31051 | Sinusotomy, Sphenoid, With Or Without Biopsy With Mucosal Stripping Or Removal Of Polyp(S) | \$663.67 | |
| 31070 | Incision Of Nasal (Frontal) Sinus | \$456.70 | |
| 31075 | Sinusotomy Frontal; Transorbital, Unilateral (For Mucocele Or Osteoma, Lynch Type) | \$787.32 | |
| 31080 | Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Below The Eyebrow | \$1,034.65 | |
| 31081 | Insertion Of Material To Stop Growth Of Nasal Sinus Lining Without A Bone Flap Done Through An Incision Through The Forehead | \$1,105.92 | |
| 31084 | Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Below The Eyebrow | \$1,143.70 | |
| 31085 | Insertion Of Material To Stop Growth Of Nasal Sinus Lining With A Bone Flap Done Through An Incision Through The Forehead | \$1,177.64 | |
| 31086 | Incision Under The Eyebrow To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft | \$1,114.33 | |
| 31087 | Incision Through The Forehead To Drain The Nasal (Frontal) Sinus With Placement Of Bone Graft | \$1,055.15 | |
| 31090 | Sinusotomy, Unilateral, Three Or More Paranasal Sinuses (Frontal, Maxillary, Ethmoid, Sphenoid) | \$1,065.15 | |
| 31200 | Ethmoidectomy; Intranasal, Anterior | \$603.13 | |
| 31201 | Removal Of Nasal Sinus From Within The Nose Passage | \$758.74 | |
| 31205 | Removal Of Nasal Sinus From Outside The Nose Passage | \$896.13 | |
| 31225 | Maxillectomy; Without Orbital Exenteration | \$1,674.97 | |
| 31230 | Maxillectomy; With Orbital Exenteration (En Bloc) | \$1,860.14 | |
| 31231 | Nasal Endoscopy, Diagnostic, Unilateral Or Bilateral (Separate Procedure) | \$193.66 | |
| 31233 | Examination Of Nasal Passage And Sinus Above Teeth (Maxillary Sinus) Using Endoscope | \$262.86 | |
| 31235 | Examination Of Nasal Passage And Sinus Above Eyes (Sphenoid Sinus) Using Endoscope | \$298.73 | |
| 31237 | Nasal/Sinus Endoscopy, Surgical; With Biopsy, Polypectomy Or Debridement (Separate Procedure) | \$268.46 | |
| 31238 | Nasal/Sinus Endoscopy, Surgical; With Control Of Nasal Hemorrhage | \$195.77 | |
| 31239 | Nasal/Sinus Endoscopy, Surgical; With Dacryocystorhinostomy | \$627.52 | |
| 31240 | Nasal/Sinus Endoscopy, Surgical; With Concha Bullosa Resection | \$160.19 | |
| 31241 | Tying Of Sphenopalatine Artery Using An Endoscope | \$402.85 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 31253 | Complete Examination Of Nose And Sinuses Using An Endoscope | \$508.48 | |
| 31254 | Partial Removal Of Nasal Sinus Using An Endoscope | \$464.68 | |
| 31255 | Complete Removal Of Nasal Sinus Using An Endoscope | \$326.59 | |
| 31256 | Incision Of Nasal (Maxillary) Sinus Using An Endoscope | \$181.52 | |
| 31257 | Complete Examination Of Nose And Sinuses And Removal Of Nasal Sinus Using An Endoscope | \$453.03 | |
| 31259 | Removal Of Tissue From Sphenoid Sinus Using An Endoscope | \$480.02 | |
| 31267 | Removal Of Nasal Sinus Tissue Using An Endoscope, Maxillary Sinus | \$267.40 | |
| 31276 | Exploration Of Nasal Sinus Using An Endoscope | \$380.79 | |
| 31287 | Incision Of Nasal (Sphenoid) Sinus Using An Endoscope | \$203.25 | |
| 31288 | Removal Of Nasal Sinus Tissue Using An Endoscope, Sphenoid Sinus | \$236.12 | |
| 31290 | Repair Of Leak Of Brain And Spinal Fluid From Sinus Behind Bridge Of Nose Using Endoscope | \$1,051.12 | |
| 31291 | Repair Of Leak Of Brain And Spinal Fluid From Sinus Behind Eyes Using Endoscope | \$1,103.34 | |
| 31292 | Decompression Of Inner Side Or Floor Of Eye Socket Using Endoscope | \$1,026.88 | |
| 31293 | Decompression Of Inner Side And Floor Of Eye Socket Using Endoscope | \$990.38 | |
| 31294 | Decompression Of Optic Nerve Using Endoscope | \$1,129.98 | |
| 31295 | Dilation Of Maxillary Sinus In The Nose Using An Endoscope | \$1,874.80 | |
| 31296 | Dilation Of Frontal Sinus In The Nose Using An Endoscope | \$1,900.61 | |
| 31297 | Dilation Of Sphenoid Sinus In The Nose Using An Endoscope | \$1,674.32 | |
| 31298 | Dilation Of Sphenoid And Frontal Sinus In The Nose Using An Endoscope | \$3,534.16 | PA Required |
| 31299 | Unlisted Procedure, Accessory Sinuses | Price By Report | |
| 31300 | Removal Of Vocal Cord Growth Or Cartilage Attachment | \$1,173.19 | |
| 31360 | Removal Of Voice Box, Total | \$1,796.74 | |
| 31365 | Removal Of Voice Box, Muscle, Lymph Nodes, And Glands, Total, With Neck Dissection | \$2,342.82 | |
| 31367 | Laryngectomy; Subtotal Supraglottic, Without Radical Neck Dissection | \$2,025.04 | |
| 31368 | Removal Of Voice Box And Lymph Nodes In Neck | \$2,238.84 | |
| 31370 | Partial Removal Of Voice Box, Horizontal | \$1,906.59 | |
| 31375 | Partial Removal Of Voice Box, Lateroverlateral | \$1,812.30 | |
| 31380 | Partial Removal Of Voice Box, Anteroverlateral | \$1,787.52 | |
| 31382 | Partial Removal Of Voice Box, Antero-Latero-Vertical | \$1,955.92 | |
| 31390 | Removal Of Voice Box, Throat, Muscle, Lymph Nodes, And Glands | \$2,591.89 | |
| 31395 | Removal Of Voice Box And Throat, Muscle, Lymph Nodes, And Glands With Reconstruction Of Defect | \$2,726.18 | |
| 31400 | Arytenoidectomy Or Arytenoidopexy, External Approach | \$953.91 | |
| 31420 | Epiglottidectomy | \$775.24 | |
| 31500 | Intubation, Endotracheal, Emergency Procedure | \$140.83 | |
| 31502 | Tracheotomy Tube Change Prior To Establishment Of Fistula Tract | \$35.29 | |
| 31505 | Diagnostic Examination Of Voice Box Using An Endoscope, With A Mirror | \$87.36 | |
| 31510 | Biopsy Of Voice Box Using An Endoscope, Indirect | \$204.29 | |
| 31511 | Removal Of Foreign Body From Voice Box Using An Endoscope, Indirect | \$200.30 | |
| 31512 | Laryngoscopy, Indirect (Separate Procedure); With Removal Of Lesion | \$204.63 | |
| 31513 | Laryngoscopy, Indirect (Separate Procedure); With Vocal Cord Injection | \$118.73 | |
| 31515 | Laryngoscopy Direct; For Aspiration | \$204.29 | |
| 31520 | Diagnostic Examination Of Voice Box Using An Endoscope, Newborn | \$157.03 | |
| 31525 | Diagnostic Examination Of Voice Box Using An Endoscope, Directly | \$262.19 | |
| 31526 | Laryngoscopy Direct, With Or Without Tracheoscopy; Diagnostic, With Operating Microscope Or Telescope | \$158.00 | |
| 31527 | Laryngoscopy Direct; With Insertion Of Obturator | \$176.47 | |
| 31528 | Dilation Of The Voice Box Using An Endoscope, Initial | \$144.78 | |
| 31529 | Dilation Of The Voice Box Using An Endoscope, Subsequent | \$162.26 | |
| 31530 | Removal Of Foreign Body From Voice Box Using An Endoscope, Direct | \$200.11 | |
| 31531 | Laryngoscopy, Direct, Operative, With Foreign Body Removal; With Operating Microscope Or Telescope | \$212.46 | |
| 31535 | Biopsy Of Voice Box Using An Endoscope, Direct | \$190.13 | |
| 31536 | Laryngoscopy, Direct, Operative, With Biopsy; With Operating Microscope Or Telescope | \$211.73 | |
| 31540 | Removal Of Growth Of Tongue And/Or Vocal Cord Stripping Using An Endoscope | \$243.02 | |
| 31541 | Removal Of Growth Of Tongue And/Or Vocal Cord Stripping Using An Endoscope With Operating Microscope Or Telescope | \$264.61 | |
| 31545 | Removal Of Vocal Cord Growths With Local Tissue Flap Using An Endoscope With Operating Microscope Or Telescope | \$363.45 | |
| 31546 | Removal Of Vocal Cord Growths With Graft Repair Using An Endoscope With Operating Microscope Or Telescope | \$495.85 | |
| 31551 | Repair Of Narrowed Voice Box With Graft In Patient Younger Than 12 Years Of Age | \$1,493.48 | |
| 31552 | Repair Of Narrowed Voice Box With Graft In Patient Age 12 Years Or Older | \$1,388.35 | |
| 31553 | Repair Of Narrowed Voice Box With Graft And Placement Of Indwelling Stent In Patient Younger Than 12 Years Of Age | \$1,576.81 | |
| 31554 | Repair Of Narrowed Voice Box With Graft And Placement Of Indwelling Stent In Patient Age 12 Years Or Older | \$1,577.78 | |
| 31560 | Laryngoscopy, Direct, Operative, With Arytenoidectomy; | \$282.46 | |
| 31561 | Laryngoscopy, Direct, Operative, With Arytenoidectomy; With Operating Microscope Or Telescope | \$343.32 | |
| 31570 | Laryngoscopy, Direct, With Injection Into Vocal Cord(S), Therapeutic; | \$356.76 | |
| 31571 | Laryngoscopy, Direct, With Injection Into Vocal Cord(S), Therapeutic; With Operating Microscope Or Telescope | \$250.29 | |
| 31572 | Destruction Of Abnormality Of One Side Of Voice Box Using A Flexible Endoscope | \$513.94 | |
| 31573 | Injection Of Drug Into One Side Of Voice Box Using A Flexible Endoscope | \$280.30 | |
| 31574 | Injection Of Substance To Augment Voice Box Using A Flexible Endoscope | \$946.35 | |
| 31575 | Diagnostic Examination Of Voice Box Using Flexible Endoscope | \$132.53 | |
| 31576 | Biopsy Of Voice Box Using A Flexible Endoscope | \$197.18 | |
| 31577 | Removal Of Foreign Body From Voice Box Using A Flexible Endoscope | \$262.86 | |
| 31578 | Removal Of Growth From Voice Box Using A Flexible Endoscope | \$292.70 | |
| 31579 | Examination To Assess Movement Of Vocal Cord Flaps Using An Endoscope | \$191.79 | |
| 31580 | Repair Of Congenital Vocal Cord Defect | \$1,213.55 | |
| 31584 | Incision Of Voice Box To Repair Thyroid Cartilage Fracture | \$1,331.46 | |
| 31587 | Repair Of Split In The Voice Box Cartilage | \$1,130.97 | |
| 31590 | Laryngeal Reinnervation By Neuromuscular Pedicle | \$881.52 | |
| 31591 | Repair Of One Side Of Voice Box By Moving Vocal Cord To Middle | \$1,032.20 | |
| 31592 | Excision Of Part Of Windpipe And Cricoid Cartilage | \$1,609.69 | |
| 31599 | Unlisted Procedure, Larynx | Price By Report | |
| 31600 | Tracheostomy, Planned (Separate Procedure); | \$302.84 | |
| 31601 | Opening Of Windpipe Through Neck For Insertion Of Breathing Tube, Patient Younger Than 2 Years | \$398.67 | |
| 31603 | Tracheostomy, Emergency Procedure; Transtracheal | \$317.88 | |
| 31605 | Tracheostomy, Emergency Procedure; Transtracheal Cricothyroid Membrane | \$325.30 | |
| 31610 | Tracheostomy, Fenestration Procedure With Skin Flaps | \$845.38 | |
| 31611 | Construction Of Tracheoesophageal Fistula And Subsequent Insertion Of An Alaryngeal Speech Prosthesis (Eg, Voice Button, Blom-Singer Prosthesis) | \$505.88 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 31612 | Puncture Of Neck And Windpipe Cartilage For Aspiration And/Or Injection, Accessed Through The Skin | \$88.68 | |
| 31613 | Revision Of Permanent Opening Of Windpipe For Breathing, Without A Flap Of Tissue | \$375.75 | |
| 31614 | Revision Of Permanent Opening Of Windpipe For Breathing, With A Flap Of Tissue | \$669.24 | |
| 31615 | Tracheoscopy Through Established Tracheostomy Incision | \$181.57 | |
| 31622 | Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; Diagnostic, With Cell Washing, When Performed (Separate Procedure) | \$262.61 | |
| 31623 | Bronchoscopy; With Brushing Or Protected Brushings | \$297.47 | |
| 31624 | Bronchoscopy; With Bronchial Alveolar Lavage | \$273.61 | |
| 31625 | Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Bronchial Or Endobronchial Biopsy(S), Single Or Multiple Sites | \$278.75 | |
| 31626 | Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Fiducial Markers, Single Or Multiple | \$792.58 | |
| 31627 | Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Computer-Assisted, Image-Guided Navigation (List Separately In Addition To Code For Primary Procedure(S)) | \$1,258.91 | |
| 31628 | Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Transbronchial Lung Biopsy(S), Single Lobe | \$404.32 | |
| 31629 | Needle Biopsy Of Windpipe Cartilage, Airway, And/Or Lung Using An Endoscope | \$327.71 | |
| 31630 | Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Tracheal/Bronchial Dilation Or Closed Reduction Of Fracture | \$200.18 | |
| 31631 | Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Placement Of Tracheal Stent(S) (Includes Tracheal/ Bronchial Dilation As Required) | \$205.07 | |
| 31632 | Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Transbronchial Lung Biopsy(S), Each Additional Lobe (List Separately In Addition To Code For Primary Procedure) | \$67.63 | |
| 31633 | Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Transbronchial Needle Aspiration Biopsy(S), Each Additional Lobe (List Separately In Addition To Code For Primary Procedure) | \$83.87 | |
| 31634 | Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Balloon Occlusion, With Assessment Of Air Leak, With Administration Of Occlusive Substance (Eg, Fibrin Glue), If Performed | \$1,577.76 | |
| 31635 | Bronchoscopy; With Removal Of Foreign Body | \$311.46 | |
| 31636 | Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Placement Of Bronchial Stent(S) (Includes Tracheal/ Bronchial Dilation As Required), Initial Bronchus | \$198.48 | |
| 31637 | Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; Each Additional Major Bronchus Stented (List Separately In Addition To Code For Primary Procedure) | \$70.59 | |
| 31638 | Bronchoscopy, Rigid Or Flexible, With Or Without Fluoroscopic Guidance; With Revision Of Tracheal Or Bronchial Stent Inserted At Previous Session (Includes Tracheal/Bronchial Dilation As Required) | \$225.02 | |
| 31640 | Bronchoscopy; With Excision Of Tumor | \$252.30 | |
| 31641 | Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Destruction Of Tumor Or Relief Of Stenosis By Any Method Other Than Excision (Eg, Laser Therapy, Cryotherapy) | \$258.63 | |
| 31643 | Bronchoscopy, Rigid Or Flexible, Including Fluoroscopic Guidance, When Performed; With Placement Of Catheter(S) For Intracavitary Radioelement Application | \$161.25 | |
| 31645 | Aspiration Of Lung Secretions From Lung Airways Using An Endoscope, Initial | \$261.77 | |
| 31646 | Aspiration Of Lung Secretions From Lung Airways Using An Endoscope, Subsequent | \$144.50 | |
| 31647 | Assessment Of Air Leak, Airway Sizing, And Insertion Of Bronchial Valves In Lung Airways Using An Endoscope, Initial | \$188.86 | |
| 31648 | Removal Of Bronchial Valves In Lung Airways Using An Endoscope, Initial | \$180.69 | |
| 31649 | Removal Of Bronchial Valves In Lung Airways Using An Endoscope, Subsequent | \$61.75 | |
| 31651 | Assessment Of Air Leak, Airway Sizing, And Insertion Of Bronchial Valves In Lung Airways Using An Endoscope, Additional Lobe | \$69.60 | |
| 31652 | Examination Of Lung Airways Using An Endoscope With Imaging Guidance And Ultrasound, 1 Or 2 Lymph Nodes Involved | \$999.11 | |
| 31653 | Examination Of Lung Airways Using An Endoscope With Imaging Guidance And Ultrasound, 3 Or More Lymph Nodes Involved | \$1,061.17 | |
| 31654 | Examination Of Lung Airways Using An Endoscope With Imaging Guidance And Ultrasound | \$118.27 | |
| 31660 | Thermal Repair Of Lung Airways Using An Endoscope, 1 Lobe | \$180.45 | |
| 31661 | Thermal Repair Of Lung Airways Using An Endoscope, 2 Or More Lobes | \$189.82 | |
| 31717 | Catheterization With Bronchial Brush Biopsy | \$285.79 | |
| 31720 | Catheter Aspiration (Separate Procedure); Nasotracheal | \$54.77 | |
| 31725 | Catheter Aspiration (Separate Procedure); Tracheobronchial With Fiberscope, Bedside | \$73.30 | |
| 31730 | Insertion Into Windpipe Of Needle Wire, Dilator, Stent, Or Tube For Oxygen Delivery | \$1,092.21 | |
| 31750 | Tracheoplasty; Cervical | \$1,199.78 | |
| 31755 | Tracheoplasty; Tracheopharyngeal Fistulization, Each Stage | \$1,645.09 | |
| 31760 | Tracheoplasty; Intrathoracic | \$1,204.42 | |
| 31766 | Carinal Reconstruction | \$1,545.62 | |
| 31770 | Bronchoplasty; Graft Repair | \$1,157.11 | |
| 31775 | Bronchoplasty; Excision Stenosis And Anastomosis | \$1,219.92 | |
| 31780 | Removal Of Narrowed Area Of Windpipe In Neck With Suture Repair | \$1,069.48 | |
| 31781 | Removal Of Narrowed Area Of Windpipe In Neck And Chest With Suture Repair | \$1,313.61 | |
| 31785 | Excision Of Tracheal Tumor Or Carcinoma; Cervical | \$976.74 | |
| 31786 | Removal Of Windpipe Cartilage Growth, Open Chest Procedure | \$1,257.19 | |
| 31800 | Suture Of Injury To Windpipe In Neck | \$671.15 | |
| 31805 | Suture Of Injury To Windpipe In Chest | \$720.78 | |
| 31820 | Surgical Closure Tracheostomy Or Fistula; Without Plastic Repair | \$421.21 | |
| 31825 | Surgical Closure Tracheostomy Or Fistula; With Plastic Repair | \$575.94 | |
| 31830 | Revision Of Tracheostomy Scar | \$470.83 | |
| 31899 | Unlisted Procedure, Trachea, Bronchi | Price By Report | |
| 32035 | Thoracostomy; With Rib Resection For Empyema | \$653.07 | |
| 32036 | Thoracostomy; With Open Flap Drainage For Empyema | \$703.00 | |
| 32096 | Thoracotomy, With Diagnostic Biopsy(les) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral | \$700.20 | |
| 32097 | Thoracotomy, With Diagnostic Biopsy(les) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral | \$701.62 | |
| 32098 | Thoracotomy, With Biopsy(les) Of Pleura | \$665.54 | |
| 32100 | Thoracotomy; With Exploration | \$789.38 | |
| 32110 | Thoracotomy; With Control Of Traumatic Hemorrhage And/Or Repair Of Lung Tear | \$993.31 | |
| 32120 | Thoracotomy; For Postoperative Complications | \$816.51 | |
| 32124 | Thoracotomy; With Open Intrapleural Pneumonolysis | \$813.96 | |
| 32140 | Thoracotomy; With Cyst(S) Removal, Includes Pleural Procedure When Performed | \$868.60 | |
| 32141 | Thoracotomy; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed | \$1,324.41 | |
| 32150 | Thoracotomy; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit | \$976.91 | |
| 32151 | Thoracotomy; With Removal Of Intrapulmonary Foreign Body | \$978.96 | |
| 32160 | Thoracotomy; With Cardiac Massage | \$779.85 | |
| 32200 | Drainage Of Infected Lung Material Or Cyst, Open Procedure | \$1,002.04 | |
| 32215 | Pleural Scarification For Repeat Pneumothorax | \$703.51 | |
| 32220 | Decortication, Pulmonary, (Separate Procedure); Total | \$1,434.00 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 32225 | Decortication, Pulmonary, (Separate Procedure); Partial | \$973.26 | |
| 32310 | Pleurectomy, Parietal (Separate Procedure) | \$808.50 | |
| 32320 | Decortication And Parietal Pleurectomy | \$1,406.07 | |
| 32400 | Needle Biopsy Of Lining Of Lung, Accessed Through The Skin | \$125.45 | |
| 32408 | Core Needle Biopsy Of Lung Or Center Cavity Of Chest (Mediastinum), Accessed Through Skin | \$907.08 | |
| 32440 | Removal Of Lung, Pneumonectomy; | \$1,372.38 | |
| 32442 | Removal Of Lung, Pneumonectomy; With Resection Of Segment Of Trachea Followed By Broncho-Tracheal Anastomosis (Sleeve Pneumonectomy) | \$2,642.83 | |
| 32445 | Removal Of Lung, Pneumonectomy; Extrapleural | \$3,062.19 | |
| 32480 | Removal Of Lung, Other Than Pneumonectomy; Single Lobe (Lobectomy) | \$1,458.70 | |
| 32482 | Removal Of Lung, Other Than Pneumonectomy; 2 Lobes (Bilobectomy) | \$1,384.94 | |
| 32484 | Removal Of Lung, Other Than Pneumonectomy; Single Segment (Segmentectomy) | \$1,389.59 | |
| 32486 | Removal Of Lung, Other Than Pneumonectomy; With Circumferential Resection Of Segment Of Bronchus Followed By Broncho-Bronchial Anastomosis (Sleeve Lobectomy) | \$2,028.53 | |
| 32488 | Removal Of Lung, Other Than Pneumonectomy; With All Remaining Lung Following Previous Removal Of A Portion Of Lung (Completion Pneumonectomy) | \$2,076.94 | |
| 32491 | Volume Reduction, Sternal Split Or Transthoracic Approach, Includes Any Pleural Procedure, When Performed | \$1,288.00 | |
| 32501 | Resection And Repair Of Portion Of Bronchus (Bronchoplasty) When Performed At Time Of Lobectomy Or Segmentectomy (List Separately In Addition To Code For Primary Procedure) | \$208.71 | |
| 32503 | Resection Of Apical Lung Tumor (Eg, Pancoast Tumor), Including Chest Wall Resection, Rib(S) Resection(S), Neurovascular Dissection, When Performed; Without Chest Wall Reconstruction(S) | \$1,563.07 | |
| 32504 | Resection Of Apical Lung Tumor (Eg, Pancoast Tumor), Including Chest Wall Resection, Rib(S) Resection(S), Neurovascular Dissection, When Performed; With Chest Wall Reconstruction | \$1,777.89 | |
| 32505 | Thoracotomy; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial | \$907.48 | |
| 32506 | Opening In Chest With Partial Removal Of Lung Tissue, Additional Resection | \$149.70 | |
| 32507 | Thoracotomy; With Diagnostic Wedge Resection Followed By Anatomic Lung Resection (List Separately In Addition To Code For Primary Procedure) | \$134.73 | |
| 32540 | Extrapleural Enucleation Of Empyema (Empyemectomy); | \$1,507.22 | |
| 32550 | Insertion Of Indwelling Tunneled Pleural Catheter With Cuff | \$812.07 | |
| 32551 | Removal Of Fluid From Between Lung And Chest Cavity, Open Procedure | \$154.47 | |
| 32552 | Removal Of Indwelling Tunneled Pleural Catheter With Cuff | \$195.07 | |
| 32553 | Insertion Of Devices In Chest Cavity For Radiation Therapy Guidance, Accessed Through The Skin | \$502.79 | |
| 32554 | Thoracentesis, Needle Or Catheter, Aspiration Of The Pleural Space; Without Imaging Guidance | \$257.24 | |
| 32555 | Thoracentesis, Needle Or Catheter, Aspiration Of The Pleural Space; With Imaging Guidance | \$346.27 | |
| 32556 | Removal Of Fluid From Chest Cavity With Insertion Of Indwelling Catheter, Accessed Through The Skin | \$705.79 | |
| 32557 | Removal Of Fluid From Chest Cavity With Insertion Of Indwelling Catheter And Imaging Guidance, Accessed Through The Skin | \$738.50 | |
| 32560 | Instillation, Via Chest Tube/Catheter, Agent For Pleurodesis (Eg, Talc For Recurrent Or Persistent Pneumothorax) | \$273.63 | |
| 32601 | Diagnostic Examination Of Lungs, Heart Sac, Mid-Chest Cavity, Or Lung Lining Using An Endoscope | \$297.51 | |
| 32604 | Thoracoscopy, Diagnostic (Separate Procedure); Pericardial Sac, With Biopsy | \$414.62 | |
| 32606 | Thoracoscopy, Diagnostic (Separate Procedure); Mediastinal Space, With Biopsy | \$400.30 | |
| 32607 | Thoracoscopy; With Diagnostic Biopsy(ies) Of Lung Infiltrate(S) (Eg, Wedge, Incisional), Unilateral | \$267.44 | |
| 32608 | Thoracoscopy; With Diagnostic Biopsy(ies) Of Lung Nodule(S) Or Mass(Es) (Eg, Wedge, Incisional), Unilateral | \$364.65 | |
| 32609 | Thoracoscopy; With Biopsy(ies) Of Pleura | \$224.77 | |
| 32650 | Thoracoscopy, Surgical; With Pleurodesis (Eg, Mechanical Or Chemical) | \$655.05 | |
| 32651 | Thoracoscopy, Surgical; With Partial Pulmonary Decortication | \$1,064.82 | |
| 32652 | Thoracoscopy, Surgical; With Total Pulmonary Decortication, Including Intrapleural Pneumonolysis | \$1,449.75 | |
| 32653 | Thoracoscopy, Surgical; With Removal Of Intrapleural Foreign Body Or Fibrin Deposit | \$976.91 | |
| 32654 | Thoracoscopy, Surgical; With Control Of Traumatic Hemorrhage | \$993.31 | |
| 32655 | Thoracoscopy, Surgical; With Resection-Plication Of Bullae, Includes Any Pleural Procedure When Performed | \$837.93 | |
| 32656 | Thoracoscopy, Surgical; With Parietal Pleurectomy | \$706.92 | |
| 32658 | Thoracoscopy, Surgical; With Removal Of Clot Or Foreign Body From Pericardial Sac | \$698.55 | |
| 32659 | Thoracoscopy, Surgical; With Creation Of Pericardial Window Or Partial Resection Of Pericardial Sac For Drainage | \$715.67 | |
| 32661 | Thoracoscopy, Surgical; With Excision Of Pericardial Cyst, Tumor, Or Mass | \$701.15 | |
| 32662 | Thoracoscopy, Surgical; With Excision Of Mediastinal Cyst, Tumor, Or Mass | \$870.45 | |
| 32663 | Thoracoscopy, Surgical; With Lobectomy (Single Lobe) | \$1,218.83 | |
| 32664 | Thoracoscopy, Surgical; With Thoracic Sympathectomy | \$743.55 | |
| 32665 | Thoracoscopy, Surgical; With Esophagomyotomy (Heller Type) | \$1,073.95 | |
| 32666 | Thoracoscopy, Surgical; With Therapeutic Wedge Resection (Eg, Mass, Nodule), Initial Unilateral | \$848.12 | |
| 32667 | Partial Removal Of Tissue Of One Lung Using An Endoscope, Additional Resection | \$135.06 | |
| 32668 | Biopsy Of Wedge Of Lung Tissue Followed By Partial Removal Of Lung | \$135.18 | |
| 32669 | Thoracoscopy, Surgical; With Removal Of A Single Lung Segment (Segmentectomy) | \$1,170.10 | |
| 32670 | Thoracoscopy, Surgical; With Removal Of Two Lobes (Bilobectomy) | \$1,396.06 | |
| 32671 | Thoracoscopy, Surgical; With Removal Of Lung (Pneumonectomy) | \$1,539.32 | |
| 32672 | Thoracoscopy, Surgical; With Resection-Plication For Emphysematous Lung (Bullous Or Non-Bullous) For Lung Volume Reduction (Lvrs), Unilateral Includes Any Pleural Procedure, When Performed | \$1,322.20 | |
| 32673 | Thoracoscopy, Surgical; With Resection Of Thymus, Unilateral Or Bilateral | \$1,060.51 | |
| 32674 | Thoracoscopy, Surgical; With Mediastinal And Regional Lymphadenectomy (List Separately In Addition To Code For Primary Procedure) | \$205.66 | |
| 32701 | Thoracic Target(S) Delineation For Stereotactic Body Radiation Therapy (Srs/Sbrt), (Photon Or Particle Beam), Entire Course Of Treatment | \$186.46 | |
| 32800 | Repair Lung Hernia Through Chest Wall | \$829.82 | |
| 32810 | Closure Of Chest Wall Following Open Flap Drainage For Empyema (Clagett Type Procedure) | \$791.47 | |
| 32815 | Closure Of Abnormal Drainage Tract From Chest Cavity To Lung Airway, Open Procedure | \$2,438.57 | |
| 32820 | Major Reconstruction, Chest Wall (Post-Traumatic) | \$1,166.82 | |
| 32850 | Donor Pneumonectomy (Including Cold Preservation), From Cadaver Donor | Price By Report | PA Required |
| 32851 | Lung Transplant, Single; Without Cardiopulmonary Bypass | \$2,837.28 | PA Required |
| 32852 | Lung Transplant, Single; With Cardiopulmonary Bypass | \$3,074.38 | PA Required |
| 32853 | Lung Transplant, Double (Bilateral Sequential Or En Bloc); Without Cardiopulmonary Bypass | \$3,962.57 | PA Required |
| 32854 | Lung Transplant, Double (Bilateral Sequential Or En Bloc); With Cardiopulmonary Bypass | \$3,648.63 | PA Required |
| 32855 | Backbench Standard Preparation Of Cadaver Donor Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Pulmonary Venous/Atrial Cuff, Pulmonary Artery, And Bronchus; Unilateral | Price By Report | |
| 32856 | Backbench Standard Preparation Of Cadaver Donor Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Pulmonary Venous/Atrial Cuff, Pulmonary Artery, And Bronchus; Bilateral | Price By Report | |
| 32900 | Resection Of Ribs, Extrapleural, All Stages | \$1,243.11 | |
| 32905 | Thoracoplasty, Schede Type Or Extrapleural (All Stages); | \$1,164.29 | |
| 32906 | Thoracoplasty, Schede Type Or Extrapleural (All Stages); With Closure Of Bronchopleural Fistula | \$1,433.09 | |
| 32940 | Pneumonolysis, Extrapariosteal, Including Filling Or Packing Procedures | \$1,077.09 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 32960 | Pneumothorax, Therapeutic, Intrapleural Injection Of Air | \$119.42 | |
| 32994 | Destruction Of Growths In One Lung, Accessed Through The Skin With Imaging Using Extreme Cold To Destroy Tissues | \$5,003.05 | |
| 32997 | Total Lung Lavage (Unilateral) | \$313.44 | |
| 32998 | Destruction Of Growths In One Lung, Accessed Through The Skin Using Radiofrequency To Destroy Tissues | \$3,153.49 | |
| 32999 | Unlisted Procedure, Lungs And Pleura | Price By Report | |
| 33016 | Drainage Of Heart Sac | \$232.53 | |
| 33017 | Drainage Of Heart Sac With Insertion Of Catheter Accessed Through Skin, Using Fluoroscopy And/Or Ultrasound Guidance Imaging Guidance, In Patient 6 Years Or Older | \$214.97 | |
| 33018 | Drainage Of Heart Sac With Insertion Of Catheter Accessed Through Skin, Using Fluoroscopy And/Or Ultrasound Guidance Imaging Guidance, In Patient 5 Years Or Older Or Any Age With Congenital Heart Defect | \$251.83 | |
| 33019 | Drainage Of Heart Sac With Insertion Of Catheter Accessed Through Skin, Using Imaging Guidance, Using Ct Imaging Guidance | \$193.55 | |
| 33020 | Pericardiectomy For Removal Of Clot Or Foreign Body (Primary Procedure) | \$725.12 | |
| 33025 | Creation Of Pericardial Window Or Partial Resection For Drainage | \$748.61 | |
| 33030 | Pericardiectomy, Subtotal Or Complete Without Cardiopulmonary Bypass | \$1,739.78 | |
| 33031 | Pericardiectomy, Subtotal Or Complete With Cardiopulmonary Bypass | \$2,147.34 | |
| 33050 | Resection Of Pericardial Cyst Or Tumor | \$881.72 | |
| 33120 | Excision Of Intracardiac Tumor, Resection With Cardiopulmonary Bypass | \$1,814.04 | |
| 33130 | Resection Of External Cardiac Tumor | \$1,192.70 | |
| 33140 | Transmyocardial Laser Revascularization, By Thoracotomy (Separate Procedure) | \$1,353.70 | |
| 33141 | Transmyocardial Laser Revascularization, By Thoracotomy; Performed At The Time Of Other Open Cardiac Procedure(S) (List Separately In Addition To Code For Primary Procedure) | \$113.42 | |
| 33202 | Insertion Of Electrodes To Outer Layer Of Heart, Open Procedure | \$750.08 | |
| 33203 | Insertion Of Epicardial Electrode(S); Endoscopic Approach (Eg, Thoracoscopy, Pericardioscopy) | \$706.13 | |
| 33206 | Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(S); Atrial | \$406.47 | |
| 33207 | Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(S); Ventricular | \$472.17 | |
| 33208 | Insertion Of New Or Replacement Of Permanent Pacemaker With Transvenous Electrode(S); Atrial And Ventricular | \$511.99 | |
| 33210 | Placement Of Temporary Pacemaker Leads, Single Chamber | \$157.77 | |
| 33211 | Placement Of Temporary Pacemaker Leads, Dual Chamber | \$148.55 | |
| 33212 | Insertion Of Pacemaker Pulse Generator Only; With Existing Single Lead | \$319.85 | |
| 33213 | Insertion Of Pacemaker Pulse Generator Only; With Existing Dual Leads | \$333.81 | |
| 33214 | Upgrade Of Implanted Pacemaker System, Conversion Of Single Chamber System To Dual Chamber System (Includes Removal Of Previously Placed Pulse Generator, Testing Of Existing Lead, Insertion Of New Lead, Insertion Of New Pulse Generator) | \$427.32 | |
| 33215 | Repositioning Of Implanted Pacemaker Or Defibrillator Device | \$306.63 | |
| 33216 | Insertion Of Electrode For Permanent Pacemaker Or Pacing Defibrillator Device | \$333.17 | |
| 33217 | Insertion Of Electrodes For Permanent Pacemaker Or Pacing Defibrillator Device | \$330.11 | |
| 33218 | Repair Of Electrode For Permanent Pacemaker Or Defibrillator Device | \$348.99 | |
| 33220 | Repair Of 2 Electrodes For Permanent Pacemaker Or Defibrillator Device | \$336.15 | |
| 33221 | Insertion Of Pacemaker Pulse Generator Only; With Existing Multiple Leads | \$322.80 | |
| 33222 | Relocation Of Pacemaker Generator Skin Pocket | \$343.08 | |
| 33223 | Relocation Of Defibrillator Device Skin Pocket | \$366.59 | |
| 33224 | Insertion Of Left Heart Electrode With Attachment To Pacemaker Or Pacing Defibrillator Device | \$451.90 | |
| 33225 | Insertion Of Left Heart Electrode For Pacing Defibrillator Device | \$454.68 | |
| 33226 | Repositioning Of Previously Implanted Cardiac Venous System (Left Ventricular) Electrode (Including Removal, Insertion And/Or Replacement Of Existing Generator) | \$432.58 | |
| 33227 | Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Single Lead System | \$303.37 | |
| 33228 | Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Dual Lead System | \$352.25 | |
| 33229 | Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Multiple Lead System | \$335.25 | |
| 33230 | Insertion Of Pacing Defibrillator Pulse Generator With Existing Dual Leads | \$342.80 | |
| 33231 | Insertion Of Pacing Defibrillator Pulse Generator With Existing Multiple Leads | \$356.34 | |
| 33233 | Removal Of Permanent Pacemaker Pulse Generator Only | \$234.49 | |
| 33234 | Removal Of Transvenous Pacemaker Electrode(S); Single Lead System, Atrial Or Ventricular | \$432.57 | |
| 33235 | Removal Of Transvenous Pacemaker Electrode(S); Dual Lead System | \$568.85 | |
| 33236 | Removal Of Permanent Right Heart Electrodes And Pacemaker, Single Lead System | \$691.79 | |
| 33237 | Removal Of Permanent Right Heart Electrodes And Pacemaker, Dual Lead System | \$741.18 | |
| 33238 | Removal Of Permanent Transvenous Electrode(S) By Thoracotomy | \$836.52 | |
| 33240 | Insertion Of Pacing Defibrillator Pulse Generator With Existing Single Lead | \$326.45 | |
| 33241 | Removal Of Defibrillator Pulse Generator | \$208.47 | |
| 33243 | Removal Of Defibrillator Electrodes Through Incision Of Chest | \$1,203.22 | |
| 33244 | Removal Of Defibrillator Electrodes Through Vein | \$740.44 | |
| 33249 | Insertion Or Replacement Of Single Or Dual Chamber Pacing Defibrillator Leads | \$904.07 | |
| 33250 | Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (Eg, Wolff-Parkinson-White, Atrioventricular Node Re-Entry), Tract(S) And/Or Focus (Foci); Without Cardiopulmonary Bypass | \$1,269.62 | |
| 33251 | Operative Ablation Of Supraventricular Arrhythmogenic Focus Or Pathway (Eg, Wolff-Parkinson-White, A-V Node Re-Entry), Tract(S) And/Or Focus (Foci) With Cardiopulmonary Bypass | \$1,416.15 | |
| 33254 | Operative Tissue Ablation And Reconstruction Of Atria, Limited (Eg, Modified Maze Procedure) | \$1,189.40 | |
| 33255 | Operative Tissue Ablation And Reconstruction Of Atria, Extensive (Eg, Maze Procedure); Without Cardiopulmonary Bypass | \$1,417.00 | |
| 33256 | Partial Destruction And Reconstruction Of Upper Heart Chamber, Extensive, On Heart-Lung Machine | \$1,676.72 | |
| 33257 | Destruction And Reconstruction Of Right Upper Heart, Limited | \$567.72 | |
| 33258 | Destruction And Reconstruction Of Right Upper Heart, Extensive | \$569.74 | |
| 33259 | Operative Tissue Ablation And Reconstruction Of Atria, Performed At The Time Of Other Cardiac Procedure(S), Extensive (Eg, Maze Procedure), With Cardiopulmonary Bypass (List Separately In Addition To Code For Primary Procedure) | \$742.73 | |
| 33261 | Operative Ablation Of Ventricular Arrhythmogenic Focus With Cardiopulmonary Bypass | \$1,403.58 | |
| 33262 | Removal And Replacement Of Defibrillator Pulse Generator, Single Wire (Lead) | \$371.05 | |
| 33263 | Removal And Replacement Of Defibrillator Pulse Generator, Two Wires (Leads) | \$385.38 | |
| 33264 | Removal And Replacement Of Defibrillator Pulse Generator, Multiple Wires (Leads) | \$361.04 | |
| 33265 | Reconstruction Of Upper Heart Chamber Tissue And Alteration Of Electrical Pathway Using An Endoscope, Limited | \$1,288.00 | |
| 33266 | Reconstruction Of Upper Heart Chamber Tissue And Alteration Of Electrical Pathway Using An Endoscope, Extensive | \$1,601.33 | |
| 33267 | Exclusion Of Appendage Of Left Upper Chamber Of Heart | \$853.20 | |
| 33268 | Exclusion Of Appendage Of Left Upper Chamber Of Heart Performed During Other Procedure On Chest | \$105.64 | |
| 33269 | Exclusion Of Appendage Of Left Upper Chamber Of Heart Using An Endoscope | \$676.13 | |
| 33270 | Insertion Or Replacement Of Defibrillator With Electrode | \$556.74 | |
| 33271 | Insertion Of Defibrillator Electrode | \$400.19 | |
| 33272 | Removal Of Defibrillator Electrode | \$309.82 | |
| 33273 | Repositioning Of Previously Implanted Defibrillator Electrode | \$353.65 | |
| 33274 | Insertion Or Replacement Of Permanent Leadless Pacemaker Into Lower Right Chamber Of Heart Via Catheter Using Imaging Guidance | \$475.45 | |
| 33275 | Removal Of Permanent Leadless Pacemaker From Lower Right Chamber Of Heart Via Catheter Using Imaging Guidance | \$442.71 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|------------|-------------------|
| 33285 | Insertion Of Heart Rhythm Monitor Under Skin | \$3,283.10 | |
| 33286 | Removal Of Heart Rhythm Monitor From Under Skin | \$136.92 | |
| 33289 | Insertion Of Wireless Pressure Sensor Into Lung Artery Via Catheter | \$324.44 | |
| 33300 | Repair Of Cardiac Wound; Without Bypass | \$2,117.45 | |
| 33305 | Repair Of Cardiac Wound; With Cardiopulmonary Bypass | \$3,531.93 | |
| 33310 | Incision, Exploration, And Removal Of Foreign Body Of Upper Or Lower Heart Chamber | \$1,023.00 | |
| 33315 | Incision, Exploration, And Removal Of Foreign Body Of Upper Or Lower Heart Chamber On Heart-Lung Machine | \$1,476.28 | |
| 33320 | Suture Repair Of Aorta Or Great Vessels; Without Shunt Or Cardiopulmonary Bypass | \$923.14 | |
| 33321 | Suture Repair Of Aorta Or Great Vessels; With Shunt Bypass | \$1,038.75 | |
| 33322 | Suture Repair Of Aorta Or Great Vessels; With Cardiopulmonary Bypass | \$1,213.43 | |
| 33330 | Insertion Of Graft, Aorta Or Great Vessels; Without Shunt, Or Cardiopulmonary Bypass | \$1,242.53 | |
| 33335 | Insertion Of Graft; With Cardiopulmonary Bypass | \$1,809.92 | |
| 33340 | Repair Of Left Upper Heart | \$687.45 | |
| 33361 | Replacement Of Aortic Valve With Prosthetic Valve, Accessed Through The Skin | \$1,165.85 | |
| 33362 | Replacement Of Aortic Valve With Prosthetic Valve, Open Procedure Through Femoral Artery | \$1,143.03 | |
| 33363 | Replacement Of Aortic Valve With Prosthetic Valve, Open Procedure Through Axillary Artery | \$1,184.77 | |
| 33364 | Replacement Of Aortic Valve With Prosthetic Valve, Open Procedure Through Iliac Artery | \$1,181.11 | |
| 33365 | Replacement Of Aortic Valve With Prosthetic Valve Through Catheter By Approach Through Aorta | \$1,237.18 | |
| 33366 | Transcatheter Aortic Valve Replacement (Tavr/Tavi) With Prosthetic Valve; Transapical Exposure (Eg, Left Thoracotomy) | \$1,362.73 | |
| 33367 | Insertion Of Catheters In Peripheral Blood Vessels Accessed Through Skin For Heart-Lung Machine Support Of Replacement Of Aortic Valve With Prosthetic Valve Through Catheter | \$527.11 | |
| 33368 | Insertion Of Catheters In Peripheral Blood Vessels, Open Procedure, For Heart-Lung Machine Support Of Replacement Of Aortic Valve With Prosthetic Valve Through Catheter | \$638.78 | |
| 33369 | Insertion Of Catheters In Central Blood Vessels For Heart-Lung Machine Support Of Replacement Of Aortic Valve With Prosthetic Valve Through Catheter | \$842.90 | |
| 33370 | Placement And Subsequent Removal Of Device To Protect Brain From Embolism Through Catheter Using Imaging Guidance | \$108.69 | |
| 33390 | Simple Repair Of Aortic Valve By Open Procedure On Heart-Lung Machine | \$1,951.43 | |
| 33391 | Complex Repair Of Aortic Valve By Open Procedure On Heart-Lung Machine | \$2,312.36 | |
| 33404 | Construction Of Apical-Aortic Conduit | \$1,522.66 | |
| 33405 | Replacement Of Aortic Valve Using Artificial Valve On Heart-Lung Machine, Open Procedure | \$2,189.50 | |
| 33406 | Replacement Of Aortic Valve Using Human Donor Valve On Heart-Lung Machine, Open Procedure | \$2,491.52 | |
| 33410 | Replacement Of Aortic Valve Using Tissue Valve On Heart-Lung Machine, Open Procedure | \$2,202.21 | |
| 33411 | Replacement, Aortic Valve; With Aortic Annulus Enlargement, Noncoronary Sinus | \$2,904.54 | |
| 33412 | Replacement, Aortic Valve; With Transventricular Aortic Annulus Enlargement (Konno Procedure) | \$2,373.96 | |
| 33413 | Replacement, Aortic Valve; By Translocation Of Autologous Pulmonary Valve With Allograft Replacement Of Pulmonary Valve (Ross Procedure) | \$2,529.85 | |
| 33414 | Repair Of Left Ventricular Outflow Tract Obstruction By Patch Enlargement Of The Outflow Tract | \$1,859.19 | |
| 33415 | Resection Or Incision Of Subvalvular Tissue For Discrete Subvalvular Aortic Stenosis | \$1,836.66 | |
| 33416 | Ventriculomyotomy (-Myectomy) For Idiopathic Hypertrophic Subaortic Stenosis (Eg, Asymmetric Septal Hypertrophy) | \$1,758.12 | |
| 33417 | Aortoplasty (Gusset) For Supravalvular Stenosis | \$1,453.04 | |
| 33418 | Replacement Of Mitral Valve With Prosthetic Valve Accessed Through The Skin, Initial | \$1,569.46 | |
| 33419 | Replacement Of Mitral Valve With Prosthetic Valve Accessed Through The Skin, Additional Prosthesis(Es) | \$367.95 | |
| 33420 | Removal Of Scar Tissue Of Valve Between Left Heart Chambers, Closed Heart Procedure | \$1,265.13 | |
| 33422 | Removal Of Valve Scar Tissue Between Left Heart Chambers On Heart-Lung Machine, Open Procedure | \$1,449.78 | |
| 33425 | Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass | \$2,368.37 | |
| 33426 | Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass With Prosthetic Ring | \$2,067.53 | |
| 33427 | Valvuloplasty, Mitral Valve, With Cardiopulmonary Bypass Radical Reconstruction With Or Without Ring | \$2,119.47 | |
| 33430 | Replacement, Mitral Valve, With Cardiopulmonary Bypass | \$2,748.03 | |
| 33440 | Replacement Of Aortic Valve By Translocation Of Pulmonary Valve, Replacement Of Pulmonary Valve With Conduit, And Enlargement Of Outflow Tract From Left Lower Chamber Of Heart | \$2,972.82 | |
| 33460 | Valvectomy, Tricuspid Valve, With Cardiopulmonary Bypass | \$2,079.13 | |
| 33463 | Valvuloplasty, Tricuspid Valve; Without Ring Insertion | \$1,967.20 | |
| 33464 | Valvuloplasty, Tricuspid Valve; With Ring Insertion | \$1,915.28 | |
| 33465 | Replacement, Tricuspid Valve, With Cardiopulmonary Bypass | \$2,387.36 | |
| 33468 | Tricuspid Valve Repositioning And Plication For Ebstein Anomaly | \$2,119.78 | |
| 33471 | Incision Of Valve Between Lower Right Heart Chamber And Main Lung Artery, Closed Heart Procedure, Approached Through Main Lung Artery | \$1,156.51 | |
| 33474 | Incision Of Valve At Right Lower Heart Chamber On Heart-Lung Machine, Open Procedure | \$1,890.70 | |
| 33475 | Replacement, Pulmonary Valve | \$2,017.89 | |
| 33476 | Right Ventricular Resection For Infundibular Stenosis, With Or Without Commissurotomy | \$1,328.81 | |
| 33477 | Implantation Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin | \$1,306.89 | |
| 33478 | Outflow Tract Augmentation (Gusset), With Or Without Commissurotomy Or Infundibular Resection | \$1,371.96 | |
| 33496 | Repair Of Non-Structural Prosthetic Valve Dysfunction With Cardiopulmonary Bypass (Separate Procedure) | \$1,450.55 | |
| 33500 | Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; With Cardio-Pulmonary Bypass | \$1,360.10 | |
| 33501 | Repair Of Coronary Arteriovenous Or Arteriocardiac Chamber Fistula; Without Cardio-Pulmonary Bypass | \$976.05 | |
| 33502 | Repair Of Anomalous Coronary Artery From Pulmonary Artery Origin; By Ligation | \$1,118.03 | |
| 33503 | Anomalous Coronary Artery; Graft, Without Bypass | \$1,162.25 | |
| 33504 | Anomalous Coronary Artery; Graft, With Bypass | \$1,280.52 | |
| 33505 | Repair Of Anomalous Coronary Artery; With Construction Of Intrapulmonary Artery Tunnel (Takeuchi Procedure) | \$1,780.15 | |
| 33506 | Repair Of Anomalous Coronary Artery; By Translocation From Pulmonary Artery To Aorta | \$1,775.19 | |
| 33507 | Repair Of Anomalous (Eg, Intramural) Aortic Origin Of Coronary Artery By Unroofing Or Translocation | \$1,491.30 | |
| 33508 | Endoscopy, Surgical, Including Video-Assisted Harvest Of Vein(S) For Coronary Artery Bypass Procedure (List Separately In Addition To Code For Primary Procedure) | \$15.54 | |
| 33509 | Harvest Of Artery From Arm For Heart Bypass Graft Using An Endoscope | \$139.19 | |
| 33510 | Heart Artery Bypass , Single | \$1,867.91 | |
| 33511 | Heart Artery Bypass , 2 Grafts | \$1,844.89 | |
| 33512 | Heart Artery Bypass , 3 Grafts | \$2,103.60 | |
| 33513 | Heart Artery Bypass , 4 Grafts | \$2,152.14 | |
| 33514 | Heart Artery Bypass , 5 Grafts | \$2,264.03 | |
| 33516 | Heart Artery Bypass , 6 Or More Grafts | \$2,344.22 | |
| 33517 | Coronary Artery Bypass, Using Venous Graft(S) And Arterial Graft(S); Single Vein Graft (List Separately In Addition To Code For Primary Procedure) | \$179.45 | |
| 33518 | Combined Vein And Artery Heart Artery Bypass, 2 Grafts | \$393.24 | |
| 33519 | Combined Vein And Artery Heart Artery Bypass, 3 Grafts | \$520.36 | |
| 33521 | Combined Vein And Artery Heart Artery Bypass, 4 Grafts | \$561.53 | |
| 33522 | Combined Vein And Artery Heart Artery Bypass, 5 Grafts | \$630.37 | |
| 33523 | Combined Vein And Artery Heart Artery Bypass, 6 Or More Grafts | \$713.19 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|------------|-------------------|
| | Reoperation, Coronary Artery Bypass Procedure Or Valve Procedure, More Than One Month After Original Operation (List Separately In Addition To Code For Primary Procedure) | \$502.26 | |
| 33530 | Heart Artery Bypass, Single Graft | \$1,807.69 | |
| 33534 | Heart Artery Bypass, 2 Grafts | \$1,908.48 | |
| 33535 | Heart Artery Bypass, 3 Grafts | \$2,123.73 | |
| 33536 | Heart Artery Bypass, 4 Or More Grafts | \$2,287.49 | |
| 33542 | Myocardial Resection (Eg, Ventricular Aneurysmectomy) | \$2,270.55 | |
| 33545 | Repair Of Postinfarction Ventricular Septal Defect, With Or Without Myocardial Resection | \$2,658.29 | |
| 33548 | Surgical Ventricular Restoration Procedure, Includes Prosthetic Patch, When Performed (Eg, Ventricular Remodeling, Svr, Saver, Dor Procedures) | \$2,577.47 | |
| 33572 | Removal Of Plaque From Heart Artery At Time Of Bypass Graft Procedure, Open Procedure | \$198.21 | |
| 33600 | Closure Of Atrioventricular Valve (Mitral Or Tricuspid) By Suture Or Patch | \$1,497.07 | |
| 33602 | Closure Of Semilunar Valve (Aortic Or Pulmonary) By Suture Or Patch | \$1,453.69 | |
| 33606 | Anastomosis Of Pulmonary Artery To Aorta (Damus-Kaye-Stansel Procedure) | \$1,547.57 | |
| 33608 | Repair Of Complex Cardiac Anomaly Other Than Pulmonary Atresia With Ventricular Septal Defect By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery | \$1,741.24 | |
| 33610 | Repair Of Complex Cardiac Anomalies (Eg, Single Ventricle With Subaortic Obstruction) By Surgical Enlargement Of Ventricular Septal Defect | \$1,545.92 | |
| 33611 | Repair Of Double Outlet Right Ventricle With Intraventricular Tunnel Repair; | \$1,689.39 | |
| 33612 | Repair Of Double Outlet Right Ventricle With Intraventricular Tunnel Repair; With Repair Of Right Ventricular Outflow Tract Obstruction | \$1,733.85 | |
| 33615 | Repair Of Complex Cardiac Anomalies (Eg, Tricuspid Atresia) By Closure Of Atrial Septal Defect And Anastomosis Of Atria Or Vena Cava To Pulmonary Artery (Simple Fontan Procedure) | \$1,735.09 | |
| 33617 | Repair Of Complex Cardiac Anomalies (Eg, Single Ventricle) By Modified Fontan Procedure | \$2,086.19 | |
| 33619 | Repair Of Single Ventricle With Aortic Outflow Obstruction And Aortic Arch Hypoplasia (Hypoplastic Left Heart Syndrome) (Eg, Norwood Procedure) | \$2,620.01 | |
| 33620 | Placement Of Bands Around The Right And Left Pulmonary (Lung) Arteries, Hybrid Approach | \$1,672.52 | |
| 33621 | Trans thoracic Insertion Of Catheter For Stent Placement With Catheter Removal And Closure (Eg, Hybrid Approach Stage 1) | \$810.78 | |
| 33622 | Reconstruction Of Complex Cardiac Anomaly (Eg, Single Ventricle Or Hypoplastic Left Heart) With Palliation Of Single Ventricle With Aortic Outflow Obstruction And Aortic Arch Hypoplasia, Creation Of Cavopulmonary Anastomosis, And Removal Of Right And Left Pulmonary | \$2,960.83 | |
| 33641 | Repair Atrial Septal Defect, Secundum, With Cardiopulmonary Bypass, With Or Without Patch | \$1,579.77 | |
| 33645 | Direct Or Patch Closure, Sinus Venosus, With Or Without Anomalous Pulmonary Venous Drainage | \$1,501.98 | |
| 33647 | Repair Of Atrial Septal Defect And Ventricular Septal Defect, With Direct Or Patch Closure | \$1,749.26 | |
| 33660 | Repair Of Incomplete Or Partial Atrioventricular Canal (Ostium Primum Atrial Septal Defect), With Or Without Atrioventricular Valve Repair | \$1,691.33 | |
| 33665 | Repair Of Intermediate Or Transitional Atrioventricular Canal, With Or Without Atrioventricular Valve Repair | \$1,841.16 | |
| 33670 | Repair Of Complete Atrioventricular Canal, With Or Without Prosthetic Valve | \$1,703.99 | |
| 33675 | Closure Of Multiple Ventricular Septal Defects; | \$1,896.39 | |
| 33676 | Closure Of Multiple Ventricular Septal Defects; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) | \$1,751.67 | |
| 33677 | Closure Of Multiple Ventricular Septal Defects; With Removal Of Pulmonary Artery Band, With Or Without Gusset | \$1,818.76 | |
| 33681 | Closure Of Single Ventricular Septal Defect, With Or Without Patch; | \$1,785.87 | |
| 33684 | Closure Ventricular Septal Defect; With Pulmonary Valvotomy Or Infundibular Resection (Acyanotic) | \$1,635.52 | |
| 33688 | Closure Ventricular Septal Defect; With Removal Of Pulmonary Artery Band, With Or Without Gusset | \$1,628.69 | |
| 33690 | Banding Of Pulmonary Artery | \$1,169.16 | |
| 33692 | Complete Repair Tetralogy Of Fallot Without Pulmonary Atresia; | \$1,879.10 | |
| 33694 | Repair And Correction Of Four Congenital Heart Defects With Patch | \$1,877.10 | |
| 33697 | Complete Repair Of Tetralogy Of Fallot Congenital Defect Of Heart With Absence Of Opening From Right Lower Heart To Main Lung Artery | \$1,778.76 | |
| 33702 | Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; | \$1,348.06 | |
| 33710 | Repair Sinus Of Valsalva Fistula, With Cardiopulmonary Bypass; With Repair Of Ventricular Septal Defect | \$1,775.82 | |
| 33720 | Repair Sinus Of Valsalva Aneurysm, With Cardiopulmonary Bypass | \$1,349.16 | |
| 33724 | Repair Of Isolated Partial Anomalous Pulmonary Venous Return (Eg, Scimitar Syndrome) | \$1,334.81 | |
| 33726 | Repair Of Pulmonary Venous Stenosis | \$1,954.67 | |
| 33730 | Complete Repair Of Anomalous Venous Return (Supracardiac, Intracardiac, Or Infracardiac Types) | \$1,935.42 | |
| 33732 | Repair Of Cor Triatriatum Or Supravulvar Mitral Ring By Resection Of Left Atrial Membrane | \$1,436.64 | |
| 33735 | Balloon Enlargement Of Wall Between Two Upper Heart Chambers, Closed Heart Procedure | \$1,134.75 | |
| 33736 | Enlargement Of Wall Between Two Upper Heart Chambers, Open Heart Procedure | \$1,366.22 | |
| 33737 | Enlargement Of Wall Between Two Upper Heart Chambers With Correction Of Blood Flow, Open Heart Procedure | \$1,134.66 | |
| 33741 | Incision Of Partition Between Upper Chambers Of Heart To Allow Blood Flow For Congenital Heart Defects, Via Catheter Using Imaging Guidance | \$634.76 | |
| 33745 | Creation Of Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance | \$903.16 | |
| 33746 | Creation Of Additional Shunt For Blood Flow Within Heart For Congenital Heart Defects, Via Catheter Using Imaging Guidance | \$372.99 | |
| 33750 | Shunt; Subclavian To Pulmonary Artery (Blalock-Taussig Type Operation) | \$1,223.89 | |
| 33755 | Placement Of Shunt From Ascending Aorta To Pulmonary (Lung) Artery | \$1,152.45 | |
| 33762 | Placement Of Shunt From Descending Aorta To Pulmonary (Lung) Artery | \$1,118.10 | |
| 33764 | Shunt; Central, With Prosthetic Graft | \$1,280.50 | |
| 33766 | Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To One Lung | \$1,161.48 | |
| 33767 | Placement Of Shunt From Vena Cava To Pulmonary (Lung) Artery To Improve Blood Flow To Both Lungs | \$1,376.87 | |
| 33768 | Anastomosis, Cavopulmonary, Second Superior Vena Cava (List Separately In Addition To Primary Procedure) | \$357.75 | |
| 33770 | Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, Without Surgical Enlargement Defect | \$1,829.72 | |
| 33771 | Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow, With Surgical Enlargement Defect | \$1,879.82 | |
| 33774 | Repair Of Transposition Of The Great Arteries, Atrial Baffle Procedure (Eg, Mustard Or Senning Type) With Cardiopulmonary Bypass | \$1,567.64 | |
| 33775 | Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Band Removal | \$1,612.92 | |
| 33776 | Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Defect Closure | \$1,705.87 | |
| 33777 | Repair Of A Group Of Congenital Heart Defects With Reversal Of Blood Flow On Heart-Lung Machine, With Obstruction Repair | \$1,642.80 | |
| 33778 | Repair Of Transposition Of The Great Arteries, Aortic Pulmonary Artery Reconstruction (Eg, Jatene Type) | \$2,263.72 | |
| 33779 | Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Band Removal | \$2,007.74 | |
| 33780 | Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Defect Closure | \$2,045.64 | |
| 33781 | Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow, With Obstruction Repair | \$1,995.32 | |
| 33782 | Aortic Root Translocation With Ventricular Septal Defect And Pulmonary Stenosis Repair (Ie, Nikaidoh Procedure); Without Coronary Ostium Reimplantation | \$2,785.90 | |
| 33783 | Relocation Of Aorta And Repair Of Wall Between Two Lower Heart Chambers, With Reimplantation | \$3,009.12 | |
| 33786 | Total Repair Of A Group Of Congenital Heart Defects With Redirection Of Blood Flow | \$2,190.21 | |
| 33788 | Reimplantation Of An Anomalous Pulmonary Artery | \$1,482.00 | |
| 33800 | Aortic Suspension (Aortopexy) For Tracheal Decompression (Eg, For Tracheomalacia) (Separate Procedure) | \$955.02 | |
| 33802 | Division Of Aberrant Vessel (Vascular Ring); | \$951.52 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 33803 | Division Of Aberrant Vessel (Vascular Ring); With Reanastomosis | \$1,116.11 | |
| 33813 | Obliteration Of Aortopulmonary Septal Defect Without Cardiopulmonary Bypass | \$1,084.94 | |
| 33814 | Obliteration Of Aortopulmonary Septal Defect With Cardiopulmonary Bypass | \$1,330.12 | |
| 33820 | Repair Of Patent Ductus Arteriosus; By Ligation | \$939.09 | |
| 33822 | Repair Of Congenital Heart Defect From Pulmonary (Lung) Artery To Aorta, Patient Younger Than 18 Years | \$746.01 | |
| 33824 | Repair Of Congenital Heart Defect From Pulmonary (Lung) Artery To Aorta, Patient 18 Years And Older | \$1,033.48 | |
| 33840 | Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus Arteriosus; With Direct Anastomosis | \$1,204.77 | |
| 33845 | Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus Arteriosus; With Graft | \$1,167.31 | |
| 33851 | Excision Of Coarctation Of Aorta, With Or Without Associated Patent Ductus Arteriosus Repair Using Either Left Subclavian Artery Or Prosthetic Material As Gusset For Enlargement | \$1,236.46 | |
| 33852 | Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosthetic Material; Without Cardiopulmonary Bypass | \$1,221.65 | |
| 33853 | Repair Of Hypoplastic Or Interrupted Aortic Arch Using Autogenous Or Prosthetic Material; With Cardiopulmonary Bypass | \$1,772.69 | |
| 33858 | Repair Of Ascending Aorta With Graft On Heart-Lung Machine, For Separation Of Wall Of Aorta (Dissection) | \$2,935.41 | |
| 33859 | Repair Of Ascending Aorta With Graft On Heart-Lung Machine, For Disease Other Than Separation Of Wall Of Aorta (Dissection) | \$2,383.45 | |
| 33863 | Placement Of Graft To Ascending Aorta On Heart-Lung Machine, With Replacement Of Root Of Aorta And Reconstruction Of Heart | \$3,022.19 | |
| 33864 | Placement Of Graft To Ascending Aorta On Heart-Lung Machine, With Remodeling Of Root Of Aorta And Reconstruction Of Heart | \$3,090.94 | |
| 33866 | Graft To Half Of Aortic Artery Arch | \$881.31 | |
| 33871 | Repair Of Transverse Arch Of Aorta With Graft On Heart-Lung Machine | \$2,815.49 | |
| 33875 | Descending Thoracic Aorta Graft, With Or Without Bypass | \$2,355.19 | |
| 33877 | Repair Of Thoracoabdominal Aortic Aneurysm With Graft, With Or Without Cardiopulmonary Bypass | \$3,107.58 | |
| 33880 | Repair Of Descending Aorta In Chest With Initial Prosthesis Inserted Through Artery | \$1,539.51 | |
| 33881 | Repair Of Descending Aorta In Chest Including Origin Of Left Subclavian Artery With Initial Prosthesis Inserted Through Catheter | \$1,320.41 | |
| 33883 | Repair Of Defect Of Aorta In Chest, Initial Extension | \$959.97 | |
| 33884 | Repair Of Defect Of Aorta In Chest, Additional Extension | \$334.15 | |
| 33886 | Insertion Of Extension Prosthesis After Previous Repair Of Descending Aorta In Chest | \$829.46 | |
| 33889 | Incision On One Side Of Neck To Transfer Chest Artery To Neck Artery Plus Endovascular Procedure To Repair Chest Aorta, Open Procedure | \$677.48 | |
| 33891 | Bypass Graft, With Other Than Vein, Transcervical Retropharyngeal Carotid-Carotid, Performed In Conjunction With Endovascular Repair Of Descending Thoracic Aorta, By Neck Incision | \$814.79 | |
| 33894 | Repair Of Aorta By Insertion Of Stent Across Major Side Branches | \$793.06 | |
| 33895 | Repair Of Aorta By Insertion Of Stent Not Crossing Major Side Branches | \$631.03 | |
| 33897 | Balloon Dilation Of Native Or Recurrent Narrowing Of Heart Blood Vessel | \$469.31 | |
| 33900 | Placement Of Stent In Pulmonary Artery With Normal Anatomical Connections, On One Side Of Body | \$479.66 | |
| 33901 | Placement Of Stent In Pulmonary Arteries With Normal Anatomical Connections, On Both Sides Of Body | \$630.55 | |
| 33902 | Placement Of Stent In Pulmonary Artery With Abnormal Anatomical Connections, On One Side Of Body | \$608.92 | |
| 33903 | Placement Of Stent In Pulmonary Arteries With Abnormal Anatomical Connections, On Both Sides Of Body | \$717.75 | |
| 33904 | Placement Of Additional Stent In Pulmonary Artery | \$240.76 | |
| 33910 | Pulmonary Artery Embolectomy; With Cardiopulmonary Bypass | \$2,279.91 | |
| 33915 | Pulmonary Artery Embolectomy; Without Bypass | \$1,198.66 | |
| 33916 | Pulmonary Endarterectomy With Or Without Embolectomy, With Cardiopulmonary Bypass | \$3,610.07 | |
| 33917 | Repair Of Pulmonary Artery Stenosis By Reconstruction With Patch Or Graft | \$1,414.65 | |
| 33920 | Repair Of Pulmonary Atresia With Ventricular Septal Defect, By Construction Or Replacement Of Conduit From Right Or Left Ventricle To Pulmonary Artery | \$1,571.58 | |
| 33922 | Transection Of Pulmonary Artery With Cardiopulmonary Bypass | \$1,213.01 | |
| 33924 | Ligation And Takedown Of A Systemic-To-Pulmonary Artery Shunt, Performed In Conjunction With A Congenital Heart Procedure (List Separately In Addition To Code For Primary Procedure) | \$272.43 | |
| 33925 | Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; Without Cardiopulmonary Bypass | \$1,652.15 | |
| 33926 | Repair Of Pulmonary Artery Arborization Anomalies By Unifocalization; With Cardiopulmonary Bypass | \$2,303.44 | |
| 33927 | Implantation Of Artificial Heart | \$2,190.84 | PA Required |
| 33928 | Replacement Of Artificial Heart | Price By Report | PA Required |
| 33929 | Removal Of Artificial Heart | Price By Report | |
| 33933 | Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, And Trachea For Implantation | Price By Report | |
| 33935 | Heart-Lung Transplant With Recipient Cardiotomy-Pneumonectomy | \$4,270.68 | PA Required |
| 33940 | Donor Cardiotomy (Including Cold Preservation) | Price By Report | |
| 33944 | Backbench Standard Preparation Of Cadaver Donor Heart Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues To Prepare Aorta, Superior Vena Cava, Inferior Vena Cava, Pulmonary Artery, And Left Atrium For | Price By Report | |
| 33945 | Heart Transplant, With Or Without Recipient Cardiotomy | \$4,677.89 | PA Required |
| 33946 | Initiation Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump | \$300.28 | |
| 33947 | Initiation Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump | \$331.36 | |
| 33948 | Daily Management Of External Vein To Vein Blood Circulation In Heart And Lungs Using A Pump | \$235.36 | |
| 33949 | Daily Management Of External Vein To Artery Blood Circulation In Heart And Lungs Using A Pump | \$227.72 | |
| 33951 | Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age | \$405.62 | |
| 33952 | Insertion Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older | \$430.15 | |
| 33953 | Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age | \$453.10 | |
| 33954 | Insertion Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older | \$480.02 | |
| 33955 | Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age | \$792.18 | |
| 33956 | Insertion Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older | \$719.39 | |
| 33957 | Repositioning Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age | \$159.19 | |
| 33958 | Repositioning Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older | \$176.88 | |
| 33959 | Repositioning Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age | \$201.81 | |
| 33962 | Repositioning Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older | \$201.81 | |
| 33963 | Years Of Age | \$447.38 | |
| 33964 | Repositioning Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older | \$424.83 | |
| 33965 | Removal Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age | \$176.88 | |
| 33966 | Removal Of Tube Accessed Through The Skin For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older | \$227.96 | |
| 33967 | Insertion Of Assistive Heart Blood Flow Device Into Aorta, Accessed Through The Skin | \$249.69 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 33968 | Removal Of Blood Flow Assist Device In Aorta, Accessed Through The Skin | \$32.40 | |
| 33969 | Removal Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age | \$260.89 | |
| 33970 | Removal Of Blood Flow Assist Device In Aorta, Open Procedure | \$306.57 | |
| 33971 | Removal Of Intra-Aortic Balloon Assist Device Including Repair Of Femoral Artery, With Or Without Graft | \$620.98 | |
| 33973 | Insertion Of Intra-Aortic Balloon Assist Device Through The Ascending Aorta | \$432.37 | |
| 33974 | Removal Of Intra-Aortic Balloon Assist Device From The Ascending Aorta, Including Repair Of The Ascending Aorta, With Or Without Graft | \$781.97 | |
| 33975 | Insertion Of External Lower Heart Chamber Blood Flow Assist Device | \$1,246.93 | |
| 33976 | Insertion Of External Blood Flow Assist Device In Both Lower Heart Chambers | \$1,364.09 | |
| 33977 | Removal Of External Assistive Blood Flow Device From One Lower Heart Chamber | \$970.67 | |
| 33978 | Removal Of External Assistive Blood Flow Device From Both Lower Heart Chambers | \$1,277.10 | |
| 33979 | Insertion Of Implanted Lower Heart Chamber Blood Flow Assist Device | \$1,672.56 | |
| 33980 | Removal Of Implanted Lower Heart Chamber Assistive Blood Flow Device | \$1,534.88 | |
| 33981 | Replacement Of External Lower Heart Chamber Assistive Blood Flow Device | \$794.01 | |
| 33982 | Replacement Of Implanted Lower Heart Chamber Assistive Blood Flow Devices | \$1,679.55 | |
| 33983 | Replacement Of Implanted Lower Heart Chamber Assistive Blood Flow Devices On Heart-Lung Machine | \$1,984.42 | |
| 33984 | Removal Of Tube Open Procedure For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older | \$271.35 | |
| 33985 | Removal Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient Birth Through 5 Years Of Age | \$491.33 | |
| 33986 | Removal Of Tube Accessed Through The Chest For External Blood Circulation In Heart And Lungs Using A Pump Patient 6 Years And Older | \$451.25 | |
| 33987 | Incision Of Artery For Creation Of A Channel For Blood Circulation Using A Pump | \$179.53 | |
| 33988 | Insertion Of Left Heart Vent Through Chest For Blood Oxygenation Rewarming And Return | \$668.83 | |
| 33989 | Removal Of Left Heart Vent Through Chest For Blood Oxygenation Rewarming And Return | \$424.83 | |
| 33990 | Insertion Of Left Lower Heart Chamber Blood Flow Assist Device Via Artery Accessed Through Skin, Including Radiological Supervision And Interpretation | \$348.63 | |
| 33991 | Insertion Of Left Lower Heart Chamber Blood Flow Assist Device Via Artery And Vein Accessed Through Skin, With Puncture Of Partition Between Heart Chambers, Including Radiological Supervision And Interpretation | \$411.32 | |
| 33992 | Removal Of Left Lower Heart Chamber Blood Flow Assist Device, Accessed Through Skin | \$181.61 | |
| 33993 | Repositioning Of Lower Heart Chamber Blood Flow Assist Device Using Imaging Guidance | \$145.17 | |
| 33995 | Insertion Of Right Lower Heart Chamber Blood Flow Assist Device Via Vein Accessed Through Skin, Including Radiological Supervision And Interpretation | \$316.22 | |
| 33997 | Removal Of Right Lower Heart Chamber Blood Flow Assist Device, Accessed Through Skin | \$140.78 | |
| 33999 | Unlisted Procedure, Cardiac Surgery | Price By Report | |
| 34001 | Removal Of Blood Clot In Artery Via Neck Incision | \$781.31 | |
| 34051 | Removal Of Blood Clot In Artery Via Thoracic Incision | \$871.78 | |
| 34101 | Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Upper Arm Or Chest Via Arm Incision | \$573.28 | |
| 34111 | Removal Of Blood Clot Or Obstructing Material (Embolus) From Artery Of Lower Arm Or Chest Via Arm Incision | \$576.79 | |
| 34151 | Removal Of Blood Clot In Artery Via Abdominal Incision | \$1,198.58 | |
| 34201 | Removal Of Blood Clot Or Obstructing Material (Embolus) From Aortoiliac Artery Of Upper Leg Via Leg Incision | \$797.39 | |
| 34203 | Removal Of Blood Clot Or Obstructing Material (Embolus) From Peroneal Artery Of Upper Leg Via Leg Incision | \$906.26 | |
| 34401 | Thrombectomy, Direct Or With Catheter; Vena Cava, Iliac Vein, By Abdominal Incision | \$1,294.27 | |
| 34421 | Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Leg Incision | \$595.28 | |
| 34451 | Removal Of Blood Clot In Vena Cava, Pelvic Or Thigh Artery Via Abdominal And Leg Incisions | \$1,223.76 | |
| 34471 | Thrombectomy, Direct Or With Catheter; Subclavian Vein, By Neck Incision | \$921.96 | |
| 34490 | Thrombectomy, Direct Or With Catheter; Axillary And Subclavian Vein, By Arm Incision | \$568.39 | |
| 34501 | Valvuloplasty, Femoral Vein | \$767.03 | |
| 34502 | Reconstruction Of Vena Cava, Any Method | \$1,345.70 | |
| 34510 | Venous Valve Transposition, Any Vein Donor | \$872.99 | |
| 34520 | Cross-Over Vein Graft To Venous System | \$846.30 | |
| 34530 | Saphenopopliteal Vein Anastomosis | \$807.48 | |
| 34701 | Placement Of Graft For Repair Of Aorta For Other Than Rupture Including Radiological Supervision And Interpretation | \$1,068.09 | |
| 34702 | Placement Of Graft For Repair Of Aorta For Rupture Including Radiological Supervision And Interpretation | \$1,584.22 | |
| 34703 | Placement Of Graft For Repair Of Infrarenal Aorta And Groin Artery Including Radiological Supervision And Interpretation | \$1,180.48 | |
| 34704 | Repair Of Non-Ruptured Aorta And Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation | \$1,951.64 | |
| 34705 | Repair Of Non-Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation | \$1,513.71 | |
| 34706 | Repair Of Ruptured Aorta And Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation | \$1,950.62 | |
| 34707 | Repair Of Non-Ruptured Groin Artery On One Side With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation | \$995.87 | |
| 34708 | Repair Of Non-Ruptured Groin Arteries On Both Sides With Graft Inserted Through Artery, Including Radiological Supervision And Interpretation | \$1,586.97 | |
| 34709 | Insertion Of Prosthesis For Repair Of Abdominal Or Groin Artery Including Radiological Supervision And Interpretation | \$275.29 | |
| 34710 | Delayed Insertion Of Prosthesis For Repair Of Abdominal Or Groin Artery, Initial Vessel Treated | \$685.09 | |
| 34711 | Delayed Insertion Of Prosthesis For Repair Of Abdominal Or Groin Artery, Additional Vessel Treated | \$251.36 | |
| 34712 | Delivery Of Fixation Device To Graft Via Catheter Including Radiological Supervision And Interpretation | \$566.59 | |
| 34713 | Exposure Of One Groin Artery For Delivery Of Graft, Accessed Through The Skin | \$116.94 | |
| 34714 | Exposure Of One Groin Artery With Creation Of Conduit, Open Procedure | \$230.79 | |
| 34715 | Exposure Of One Underarm Or Upper Chest Artery For Delivery Of Prosthesis, Open Procedure | \$255.09 | |
| 34716 | Exposure Of One Underarm Or Upper Chest Artery With Creation Of Conduit | \$319.27 | |
| 34717 | Repair Of Groin Artery On One Side With Graft Inserted Through Artery, Performed At Same Time As Repair Of Aorta | \$379.46 | |
| 34718 | Repair Of Groin Artery On One Side With Graft Inserted Through Artery, Not Performed At Same Time As Repair Of Aorta | \$1,061.15 | |
| 34808 | Endovascular Placement Of Iliac Artery Occlusion Device (List Separately In Addition To Code For Primary Procedure) | \$168.22 | |
| 34812 | Exposure Of One Thigh Artery For Insertion Of Prosthesis, Open Procedure | \$175.84 | |
| 34813 | Placement Of Femoral-Femoral Prosthetic Graft During Endovascular Aortic Aneurysm Repair (List Separately In Addition To Code For Primary Procedure) | \$200.77 | |
| 34820 | Exposure Of One Groin Artery For Insertion Of Prosthesis, Open Procedure | \$285.18 | |
| 34830 | Repair Of Bulging (Aneurysm) Of Aorta With Prosthesis, Open Procedure | \$1,499.86 | |
| 34831 | Repair Of Bulging (Aneurysm) Of Aorta Or Groin Arteries With Prosthesis, Open Procedure | \$1,643.38 | |
| 34832 | Repair Of Bulging (Aneurysm) Of Aorta Or Upper Thigh Arteries With Prosthesis, Open Procedure | \$1,612.02 | |
| 34833 | Exposure Of One Groin Artery With Creation Of Conduit | \$332.41 | |
| 34834 | Exposure Of One Arm Artery For Insertion Of Prosthesis, Open Procedure | \$109.74 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|------------|-------------------|
| 34841 | Repair Of Aorta In Abdomen With Graft, Including 1 Graft In Artery To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation | \$1,129.86 | |
| 34842 | Repair Of Aorta In Abdomen Below Kidneys With Graft, Including 2 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation | \$1,275.68 | |
| 34843 | Repair Of Aorta In Abdomen Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation | \$1,441.97 | |
| 34844 | Repair Of Aorta In Abdomen Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation | \$1,539.97 | |
| 34845 | Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 1 Graft In Artery To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation | \$1,322.59 | |
| 34846 | Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 2 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation | \$1,470.61 | |
| 34847 | Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 3 Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation | \$1,494.39 | |
| 34848 | Repair Of Aorta In Abdomen Between And Below Kidneys With Graft, Including 4 Or More Grafts In Arteries To Abdominal Organs, Inserted Through Artery, Including Radiological Supervision And Interpretation | \$1,539.14 | |
| 35001 | Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Carotid, Subclavian Artery, By Neck Incision | \$971.92 | |
| 35002 | Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Carotid, Subclavian Artery, By Neck Incision | \$972.33 | |
| 35005 | Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Vertebral Artery | \$852.76 | |
| 35011 | Direct Repair Of Aneurysm, False Aneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm And Associated Occlusive Disease, Axillary-Brachial Artery, By Arm Incision | \$871.31 | |
| 35013 | Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Axillary-Brachial Artery, By Arm Incision | \$1,088.65 | |
| 35021 | Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Innominate, Subclavian Artery, By Thoracic Incision | \$1,101.46 | |
| 35022 | Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Innominate, Subclavian Artery, By Thoracic Incision | \$1,258.37 | |
| 35045 | Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Radial Or Ulnar Artery | \$965.31 | |
| 35081 | Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Abdominal Aorta | \$1,480.89 | |
| 35082 | Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Abdominal Aorta | \$1,856.60 | |
| 35091 | Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs | \$1,527.32 | |
| 35092 | Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Arteries To Abdominal Organs | \$2,227.58 | |
| 35102 | Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries | \$1,604.53 | |
| 35103 | Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Aorta In Abdomen Involving Groin Arteries | \$1,894.49 | |
| 35111 | Direct Repair Or Excision Of Blood Collection In Wall Of Aorta (Pseudoaneurysm) Or Bulging (Aneurysm) Of Spleen Artery | \$1,132.82 | |
| 35112 | Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Spleen Artery | \$1,391.10 | |
| 35121 | Direct Repair Of Bulging (Aneurysm) Of Artery To Liver, Kidneys, Stomach, And/Or Intestines (Hepatic, Celiac, Renal, Or Mesenteric Artery) | \$1,345.75 | |
| 35122 | Direct Repair Or Excision Of Ruptured Bulging (Aneurysm) Of Artery To Liver, Kidneys, Stomach, And/Or Intestines (Hepatic, Celiac, Renal, Or Mesenteric Artery) | \$1,608.09 | |
| 35131 | Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Iliac Artery (Common, Hypogastric, External) | \$1,171.62 | |
| 35132 | Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Iliac Artery (Common, Hypogastric, External) | \$1,391.10 | |
| 35141 | Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Common Femoral Artery (Profunda Femoris, Superficial Femoral) | \$941.65 | |
| 35142 | Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Common Femoral Artery (Profunda Femoris, Superficial Femoral) | \$1,135.93 | |
| 35151 | Direct Repair Of Aneurysm, Pseudoaneurysm, Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Aneurysm, Pseudoaneurysm, And Associated Occlusive Disease, Popliteal Artery | \$1,060.14 | |
| 35152 | Direct Repair Of Aneurysm Or Excision (Partial Or Total) And Graft Insertion, With Or Without Patch Graft; For Ruptured Aneurysm, Popliteal Artery | \$1,191.39 | |
| 35180 | Repair, Congenital Arteriovenous Fistula; Head And Neck | \$672.42 | |
| 35182 | Repair, Congenital Arteriovenous Fistula; Thorax And Abdomen | \$1,560.12 | |
| 35184 | Repair, Congenital Arteriovenous Fistula; Extremities | \$824.58 | |
| 35188 | Repair, Acquired Or Traumatic Arteriovenous Fistula; Head And Neck | \$1,098.85 | |
| 35189 | Repair, Acquired Or Traumatic Arteriovenous Fistula; Thorax And Abdomen | \$1,285.62 | |
| 35190 | Repair, Acquired Or Traumatic Arteriovenous Fistula; Extremities | \$666.76 | |
| 35201 | Repair Blood Vessels Or A-V Fistula, Direct; Neck | \$816.01 | |
| 35206 | Repair Blood Vessels Or A-V Fistula, Direct; Upper Extremity | \$760.33 | |
| 35207 | Repair Blood Vessels Or A-V Fistula, Direct; Hand, Finger | \$687.35 | |
| 35211 | Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, With Bypass | \$1,218.69 | |
| 35216 | Repair Blood Vessels Or A-V Fistula, Direct; Intrathoracic, Without Bypass | \$1,826.54 | |
| 35221 | Repair Blood Vessels Or A-V Fistula, Direct; Intra-Abdominal | \$1,425.18 | |
| 35226 | Repair Blood Vessels Or A-V Fistula, Direct; Lower Extremity | \$800.29 | |
| 35231 | Repair Blood Vessel Or A-V Fistula With Vein Graft; Neck | \$1,113.66 | |
| 35236 | Repair Blood Vessel Or A-V Fistula With Vein Graft; Upper Extremity | \$929.36 | |
| 35241 | Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, With Bypass | \$1,253.02 | |
| 35246 | Repair Blood Vessel Or A-V Fistula With Vein Graft; Intrathoracic, Without Bypass | \$1,361.42 | |
| 35251 | Repair Blood Vessel Or A-V Fistula With Vein Graft; Intra-Abdominal | \$1,503.55 | |
| 35256 | Repair Blood Vessel Or A-V Fistula With Vein Graft; Lower Extremity | \$1,018.40 | |
| 35261 | Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Neck | \$838.12 | |
| 35266 | Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Upper Extremity | \$830.74 | |
| 35271 | Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, With Bypass | \$1,205.40 | |
| 35276 | Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intrathoracic, Without Bypass | \$1,201.75 | |
| 35281 | Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Intra-Abdominal | \$1,401.30 | |
| 35286 | Repair Blood Vessel Or A-V Fistula With Graft Other Than Vein; Lower Extremity | \$895.49 | |
| 35301 | Removal Of Blood Clot And Portion Of Artery, By Neck Incision | \$1,079.03 | |
| 35302 | Removal Of Blood Clot And Portion Of Artery, Superficial Femoral Artery | \$1,069.47 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|------------|-------------------|
| 35303 | Removal Of Blood Clot And Portion Of Artery, Popliteal Artery | \$1,058.36 | |
| 35304 | Removal Of Blood Clot And Portion Of Artery, Tibioperoneal Trunk Artery | \$1,091.62 | |
| 35305 | Removal Of Blood Clot And Portion Of Artery, Tibial Or Peroneal Artery, Initial Vessel | \$1,051.82 | |
| 35306 | Removal Of Blood Clot And Portion Of Artery, Tibial Or Peroneal Artery, Each Additional Artery | \$376.79 | |
| 35311 | Removal Of Blood Clot And Portion Of Artery, By Thoracic Incision | \$1,351.88 | |
| 35321 | Thromboendarterectomy, With Or Without Patch Graft; Axillary-Brachial | \$768.95 | |
| 35331 | Thromboendarterectomy, With Or Without Patch Graft; Abdominal Aorta | \$1,244.36 | |
| 35341 | Thromboendarterectomy, With Or Without Patch Graft; Mesenteric, Celiac, Or Renal | \$1,191.07 | |
| 35351 | Thromboendarterectomy, With Or Without Patch Graft; Iliac | \$1,104.38 | |
| 35355 | Removal Of Blood Clot And Portion Of Artery Of Upper Thigh, Iliofemoral | \$979.66 | |
| 35361 | Thromboendarterectomy, With Or Without Patch Graft; Combined Aortoiliac | \$1,296.33 | |
| 35363 | Thromboendarterectomy, With Or Without Patch Graft; Combined Aortiliofemoral | \$1,382.59 | |
| 35371 | Removal Of Blood Clot And Portion Of Artery Of Upper Thigh Artery, Common | \$779.24 | |
| 35372 | Removal Of Blood Clot And Portion Of Artery Of Upper Thigh Artery, Deep | \$835.76 | |
| | Reoperation, Carotid, Thromboendarterectomy, More Than One Month After Original Operation (List Separately In Addition To Code For Primary Procedure) | | |
| 35390 | | \$135.29 | |
| 35400 | Examination Of Blood Vessel Or Graft Using An Endoscope | \$125.59 | |
| | Harvest Of Upper Extremity Vein, One Segment, For Lower Extremity Or Coronary Artery Bypass Procedure (List Separately In Addition To Code For Primary Procedure) | | |
| 35500 | | \$270.51 | |
| 35501 | Bypass Of Diseased Or Blocked Artery (Neck To Brain Artery), With Vein | \$1,242.03 | |
| 35506 | Bypass Of Diseased Or Blocked Artery (Neck To Chest Artery), With Vein | \$1,084.97 | |
| 35508 | Bypass Of Diseased Or Blocked Artery (Back Of Neck To Brain Artery), With Vein | \$1,132.14 | |
| 35509 | Bypass Of Diseased Or Blocked Artery (Neck To Opposite Neck Artery), With Vein | \$1,202.36 | |
| 35510 | Bypass Of Diseased Or Blocked Artery (Neck To Arm Artery), With Vein | \$1,047.36 | |
| 35511 | Bypass Of Diseased Or Blocked Artery (Chest To Opposite Chest Artery), With Vein | \$954.68 | |
| 35512 | Bypass Of Diseased Or Blocked Artery (Chest To Arm Artery), With Vein | \$1,026.81 | |
| 35515 | Bypass Of Diseased Or Blocked Artery (Chest To Brain Artery), With Vein | \$1,132.14 | |
| 35516 | Bypass Of Diseased Or Blocked Artery (Chest To Upper Arm Artery), With Vein | \$1,039.27 | |
| 35518 | Bypass Of Diseased Or Blocked Artery (Under Arm To Opposite Arm Artery), With Vein | \$972.93 | |
| 35521 | Bypass Of Diseased Or Blocked Artery (Arm To Upper Leg Artery), With Vein | \$1,047.88 | |
| 35522 | Bypass Of Diseased Or Blocked Artery (Under Arm To Arm Artery), With Vein | \$996.87 | |
| 35523 | Bypass Of Diseased Or Blocked Artery (Upper Arm To Arm Artery), With Vein | \$1,226.37 | |
| 35525 | Bypass Of Diseased Or Blocked Artery (Upper Arm To Opposite Arm Artery), With Vein | \$971.94 | |
| 35526 | Bypass Of Diseased Or Blocked Artery (Chest To Neck Artery), With Vein | \$1,504.48 | |
| 35531 | Bypass Of Diseased Or Blocked Artery (Abdominal To Abdominal Artery), With Vein | \$1,658.15 | |
| 35533 | Bypass Of Diseased Or Blocked Artery (Arm To Upper Leg And Opposite Leg Artery), With Vein | \$1,283.66 | |
| 35535 | Bypass Of Diseased Or Blocked Artery (Liver To Kidney Artery), With Vein | \$1,618.58 | |
| 35536 | Bypass Of Diseased Or Blocked Artery (Spleen To Kidney Artery), With Vein | \$1,438.77 | |
| 35537 | Bypass Of Diseased Or Blocked Artery (Aorta To Groin Artery), With Vein | \$1,771.72 | |
| 35538 | Bypass Of Diseased Or Blocked Artery (Aorta To Groin And Opposite Groin Artery), With Vein | \$1,984.74 | |
| 35539 | Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), With Vein | \$1,862.77 | |
| 35540 | Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg And Opposite Upper Leg Artery), With Vein | \$2,075.17 | |
| 35556 | Bypass Of Diseased Or Blocked Artery (Upper To Lower Leg Artery), With Vein | \$1,197.82 | |
| 35558 | Bypass Of Diseased Or Blocked Artery (Upper Leg To Opposite Upper Leg Artery), With Vein | \$1,058.64 | |
| 35560 | Bypass Of Diseased Or Blocked Artery (Aorta To Kidney Artery), With Vein | \$1,451.12 | |
| 35563 | Bypass Of Diseased Or Blocked Artery (Groin To Opposite Groin Artery), With Vein | \$1,128.66 | |
| 35565 | Bypass Of Diseased Or Blocked Artery (Groin To Upper Leg Artery), With Vein | \$1,248.46 | |
| 35566 | Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Artery), With Vein | \$1,583.90 | |
| 35570 | Bypass Of Diseased Or Blocked Artery (Lower Leg To Opposite Lower Leg Artery), With Vein | \$1,255.78 | |
| 35571 | Bypass Of Diseased Or Blocked Artery (Lower Leg To Lower Leg Artery), With Vein | \$1,135.11 | |
| 35572 | Harvest Of Vein Segment (Upper Leg To Thigh), One Segment | \$293.76 | |
| 35583 | Bypass Of Diseased Or Blocked Artery By Insertion Of Vein Graft From Artery Of Thigh To Artery Of Knee (Femoral-Popliteal Bypass) | \$1,232.39 | |
| | Bypass Of Diseased Or Blocked Artery By Insertion Of Vein Graft From Artery Of Thigh To Artery Of Lower Leg (Femoral-Anterior Tibial, Posterior Tibial, Or Peroneal Artery Bypass) | | |
| 35585 | | \$1,428.36 | |
| | Bypass Of Diseased Or Blocked Artery By Insertion Of Vein Graft From Artery Of Knee To Artery Of Lower Leg (Popliteal-Tibial Or Peroneal Artery Bypass) | | |
| 35587 | | \$1,157.56 | |
| 35600 | Harvest Of An Arm Artery Segment, One Segment | \$178.35 | |
| 35601 | Bypass Of Diseased Or Blocked Artery (Neck To Brain Artery), Other Than Vein | \$1,199.64 | |
| 35606 | Bypass Of Diseased Or Blocked Artery (Neck To Chest Artery), Other Than Vein | \$1,005.34 | |
| 35612 | Bypass Of Diseased Or Blocked Artery (Chest To Opposite Chest Artery), Other Than Vein | \$893.20 | |
| 35616 | Bypass Of Diseased Or Blocked Artery (Chest To Upper Arm Artery), Other Than Vein | \$938.71 | |
| 35621 | Bypass Of Diseased Or Blocked Artery (Arm To Chest Artery), Other Than Vein | \$1,045.68 | |
| 35623 | Bypass Of Diseased Or Blocked Artery (Arm To Lower Leg Artery), Other Than Vein | \$1,120.79 | |
| 35626 | Bypass Of Diseased Or Blocked Artery (Arm To Lower Thigh Or Leg Artery), Other Than Vein | \$1,384.69 | |
| 35631 | Bypass Of Diseased Or Blocked Artery (Aorta To Abdominal Or Kidney Artery), Other Than Vein | \$1,578.85 | |
| 35632 | Bypass Of Diseased Or Blocked Artery (Groin To Stomach Artery, Eg Ilio-Celiac), Other Than Vein | \$1,537.15 | |
| 35633 | Bypass Of Diseased Or Blocked Artery (Groin To Abdominal Artery), Other Than Vein | \$1,690.49 | |
| 35634 | Bypass Of Diseased Or Blocked Artery (Groin To Stomach Artery, Eg Iliorenal), Other Than Vein | \$1,504.46 | |
| 35636 | Bypass Of Diseased Or Blocked Artery (Spleen To Kidney Artery), Other Than Vein | \$1,358.00 | |
| 35637 | Bypass Of Diseased Or Blocked Artery (Aorta To Groin Artery), Other Than Vein | \$1,411.87 | |
| 35638 | Bypass Of Diseased Or Blocked Artery (Aorta To Groin To Opposite Groin Artery), Other Than Vein | \$1,485.04 | |
| 35642 | Bypass Of Diseased Or Blocked Artery (Back Of Neck To Brain Artery), Other Than Vein | \$845.96 | |
| 35645 | Bypass Of Diseased Or Blocked Artery (Chest To Arm Artery), Other Than Vein | \$809.92 | |
| 35646 | Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg And Opposite Upper Leg Artery), Other Than Vein | \$1,461.54 | |
| 35647 | Bypass Of Diseased Or Blocked Artery (Aorta To Upper Leg Artery), Other Than Vein | \$1,328.07 | |
| 35650 | Bypass Of Diseased Or Blocked Artery (Under Arm To Opposite Arm Artery), Other Than Vein | \$871.50 | |
| 35654 | Bypass Of Diseased Or Blocked Artery (Arm To Both Lower Thigh Arteries), Other Than Vein | \$1,300.20 | |
| 35656 | Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Thigh Artery), Other Than Vein | \$1,026.35 | |
| 35661 | Bypass Of Diseased Or Blocked Artery (Upper Leg To Opposite Upper Leg Artery), Other Than Vein | \$1,035.78 | |
| 35663 | Bypass Of Diseased Or Blocked Artery (Groin To Opposite Groin Artery), Other Than Vein | \$1,039.68 | |
| 35665 | Bypass On Diseased Or Blocked Groin To Upper Leg Artery, Other Than Vein | \$1,006.64 | |
| 35666 | Bypass Of Diseased Or Blocked Artery (Upper Leg To Lower Leg Arteries), Other Than Vein | \$1,112.13 | |
| 35671 | Bypass Of Diseased Or Blocked Artery (Knee To Lower Leg Arteries), Other Than Vein | \$980.89 | |
| 35681 | Bypass Of Diseased Or Blocked Artery, Composite | \$67.87 | |
| 35682 | Bypass Of Diseased Or Blocked Artery, Composite, 2 Veins | \$300.13 | |
| 35683 | Bypass Of Diseased Or Blocked Artery, Composite, 3 Or More Veins | \$346.08 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 35685 | Placement Of Vein Patch Or Cuff At Distal Anastomosis Of Bypass Graft, Synthetic Conduit (List Separately In Addition To Code For Primary Procedure) | \$167.99 | |
| 35686 | Creation Of Distal Arteriovenous Fistula During Lower Extremity Bypass Surgery (Non-Hemodialysis) (List Separately In Addition To Code For Primary Procedure) | \$136.21 | |
| 35691 | Transposition And/Or Reimplantation; Vertebral To Carotid Artery | \$809.27 | |
| 35693 | Transposition And/Or Reimplantation; Vertebral To Subclavian Artery | \$717.30 | |
| 35694 | Transposition And/Or Reimplantation; Subclavian To Carotid Artery | \$938.43 | |
| 35695 | Transposition And/Or Reimplantation; Carotid To Subclavian Artery | \$876.38 | |
| 35697 | Reimplantation, Visceral Artery To Infrarenal Aortic Prosthesis, Each Artery (List Separately In Addition To Code For Primary Procedure) | \$124.70 | |
| 35700 | Reoperation, Femoral-Popliteal Or Femoral (Popliteal) -Anterior Tibial, Posterior Tibial, Peroneal Artery Or Other Distal Vessels, More Than One Month After Original Operation (List Separately In Addition To Code For Primary Procedure) | \$143.30 | |
| 35701 | Exploration Of Artery Of Neck | \$393.67 | |
| 35702 | Exploration Of Artery Of Arm | \$356.33 | |
| 35703 | Exploration Of Artery Of Leg | \$408.45 | |
| 35800 | Exploration Of Neck For Postsurgical Bleeding, Blood Clot, Or Infection | \$484.45 | |
| 35820 | Exploration Of Chest For Postsurgical Bleeding, Blood Clot, Or Infection | \$1,280.59 | |
| 35840 | Exploration Of Abdomen For Postsurgical Bleeding, Blood Clot, Or Infection | \$793.23 | |
| 35860 | Exploration Of Arm Or Leg For Postsurgical Bleeding, Blood Clot, Or Infection | \$680.68 | |
| 35870 | Repair Of Graft-Enteric Fistula | \$1,065.26 | |
| 35875 | Thrombectomy Of Arterial Or Venous Graft (Other Than Hemodialysis Graft Or Fistula); | \$570.59 | |
| 35876 | Thrombectomy Of Arterial Or Venous Graft; With Revision Of Arterial Or Venous Graft | \$812.86 | |
| 35879 | Revision Of Arterial Bypass Of Leg With Placement Of Vein Patch, Open Procedure | \$792.57 | |
| 35881 | Revision Of Arterial Bypass Of Leg With Placement Of Relocated Vein, Open Procedure | \$876.96 | |
| 35883 | Revision Of Arterial Bypass Of Groin With Placement Synthetic Graft, Open Procedure | \$1,029.44 | |
| 35884 | Revision Of Arterial Bypass Of Groin With Vein Patch Graft, Open Procedure | \$1,055.57 | |
| 35901 | Excision Of Infected Graft; Neck | \$412.56 | |
| 35903 | Excision Of Infected Graft; Extremity | \$495.09 | |
| 35905 | Excision Of Infected Graft; Thorax | \$1,430.58 | |
| 35907 | Excision Of Infected Graft; Abdomen | \$1,630.65 | |
| 36000 | Introduction Of Needle Or Intracatheter, Vein | \$0.01 | |
| 36002 | Injection To Cause Blood Clot In A Diseased Or Bulging Vessel Of Arm Or Leg, Accessed Through The Skin | \$155.18 | |
| 36005 | Injection Procedure For Extremity Venography (Including Introduction Of Needle Or Intracatheter) | \$285.19 | |
| 36010 | Introduction Of Catheter, Superior Or Inferior Vena Cava | \$604.47 | |
| 36011 | Insertion Of Catheter Into Vein, First Order Branch | \$597.41 | |
| 36012 | Insertion Of Catheter Into Vein, Second Order Branch | \$610.53 | |
| 36013 | Introduction Of Catheter, Right Heart Or Main Pulmonary Artery | \$783.37 | |
| 36014 | Selective Catheter Placement, Left Or Right Pulmonary Artery | \$580.27 | |
| 36015 | Selective Catheter Placement, Each Segmental Or Subsegmental Pulmonary Artery | \$773.33 | |
| 36100 | Introduction Of Needle Or Intracatheter, Carotid Or Vertebral Artery | \$533.17 | |
| 36140 | Insertion Of Needle Or Catheter Into An Artery Of Arm Or Leg | \$375.60 | |
| 36160 | Introduction Of Needle Or Intracatheter, Aortic, Translumbar | \$555.89 | |
| 36200 | Introduction Of Catheter, Aorta | \$532.04 | |
| 36215 | Insertion Of Catheter Into Chest Or Arm Artery, Each First Order Branch | \$757.06 | |
| 36216 | Insertion Of Catheter Into Chest Or Arm Artery, Initial Second Order Branch | \$772.22 | |
| 36217 | Insertion Of Catheter Into Chest Or Arm Artery, Initial Third Order Branch | \$1,284.65 | |
| 36218 | Insertion Of Catheter Into Chest Or Arm Artery, Additional Second, Third Order And Beyond | \$197.61 | |
| 36221 | Non-Selective Catheter Placement, Thoracic Aorta, With Angiography Of The Extracranial Carotid, Vertebral, And/Or Intracranial Vessels, Unilateral Or Bilateral, And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The | \$1,094.42 | |
| 36222 | Insertion Of Catheter Into Extracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation | \$1,185.06 | |
| 36223 | Insertion Of Catheter Into Intracranial Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation | \$1,748.13 | |
| 36224 | Insertion Of Catheter Into Internal Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation | \$2,028.06 | |
| 36225 | Selective Catheter Placement, Subclavian Or Innominate Artery, Unilateral, With Angiography Of The Ipsilateral Vertebral Circulation And All Associated Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When P | \$1,656.95 | |
| 36226 | Radiological Supervision And Interpretation, Includes Angiography Of The Cervicocerebral Arch, When Performed | \$2,068.11 | |
| 36227 | Insertion Of Catheter Into External Carotid Artery On One Side Of Neck For Diagnosis Or Treatment Including Radiological Supervision And Interpretation | \$242.89 | |
| 36228 | Selective Catheter Placement, Each Intracranial Branch Of The Internal Carotid Or Vertebral Arteries, Unilateral, With Angiography Of The Selected Vessel Circulation And All Associated Radiological Supervision And Interpretation (Eg, Middle Cerebral Artery, Post | \$1,419.21 | |
| 36245 | Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Each First Order Branch | \$909.74 | |
| 36246 | Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Second Order Branch | \$602.44 | |
| 36247 | Insertion Of Catheter Into Abdominal Pelvic Or Leg Artery, Initial Third Order Branch | \$1,577.88 | |
| 36248 | Insertion Of Catheter Into Each Additional Abdominal, Pelvic Or Leg Artery | \$83.41 | |
| 36251 | Selective Insertion Of Catheters Into Main And Accessory Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation | \$1,427.62 | |
| 36252 | Selective Catheter Placement (First-Order), Main Renal Artery And Any Accessory Renal Artery(S) For Renal Angiography, Including Arterial Puncture And Catheter Placement(S), Fluoroscopy, Contrast Injection(S), Image Postprocessing, Permanent Recording Of Image | \$1,526.63 | |
| 36253 | Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of One Kidney For Imaging Including Radiological Supervision And Interpretation | \$2,243.96 | |
| 36254 | Superselective Insertion Of Catheters Into Second- Or Third-Order Branches Of Arteries Of Both Kidneys For Imaging Including Radiological Supervision And Interpretation | \$1,981.42 | |
| 36260 | Insertion Of Implantable Intra-Arterial Infusion Pump (Eg, For Chemotherapy Of Liver) | \$587.59 | |
| 36261 | Revision Of Implanted Infusion Pump | \$371.82 | |
| 36262 | Removal Of Implanted Infusion Pump | \$284.54 | |
| 36299 | Unlisted Procedure, Vascular Injection | Price By Report | |
| 36400 | Insertion Of Needle Into Upper Leg Or Neck Vein, Patient Younger Than 3 Years | \$28.49 | |
| 36405 | Insertion Of Needle Into Scalp Vein, Patient Younger Than 3 Years | \$24.96 | |
| 36406 | Insertion Of Needle Into Vein, Patient Younger Than 3 Years | \$18.29 | |
| 36410 | Insertion Of Needle Into Vein, Patient 3 Years Or Older | \$18.42 | |
| 36415 | Collection Of Venous Blood By Venipuncture | \$8.57 | |
| 36416 | Collection Of Capillary Blood Specimen (Eg, Finger, Heel, Ear Stick) | \$4.66 | |
| 36420 | Incision Of Vein For Insertion Of Needle Or Catheter, Patient Younger Than 1 Year | \$40.97 | |
| 36425 | Incision Of Vein For Insertion Of Needle Or Catheter, Patient Age 1 Or Over | \$36.46 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 36430 | Transfusion, Blood Or Blood Components | \$40.58 | |
| 36440 | Push Blood Transfusion, Patient 2 Years Or Younger | \$47.02 | |
| 36450 | Exchange Blood Transfusion, Newborn | \$159.53 | |
| 36455 | Exchange Transfusion, Blood; Other Than Newborn | \$108.51 | |
| 36456 | Partial Exchange Transfusion, Newborn | \$90.96 | |
| 36460 | Transfusion, Intrauterine, Fetal | \$308.76 | |
| 36465 | Injection Of Chemical Agent Into Single Incompetent Vein Of Leg Using Ultrasound Guidance | \$1,468.70 | PA Required |
| 36466 | Injection Of Chemical Agent Into Multiple Incompetent Veins Of Same Leg Using Ultrasound Guidance | \$1,459.34 | PA Required |
| 36468 | Injection Of Chemical Agent Into Spider Veins Of Arm, Leg, Or Trunk | Price By Report | PA Required |
| 36470 | Injection Of Chemical Agent Into Single Incompetent Vein | \$109.50 | PA Required |
| 36471 | Injection Of Chemical Agent Into Multiple Incompetent Veins Of One Leg | \$139.03 | PA Required |
| 36473 | Mechanochemical Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance | \$1,226.76 | |
| 36474 | Mechanochemical Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance, Subsequent Vein(S) | \$249.46 | |
| 36475 | Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin | \$1,186.57 | PA Required |
| 36476 | Radiofrequency Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance | \$302.24 | PA Required |
| 36478 | Laser Destruction Of Incompetent Vein Of Arm Or Leg Using Imaging Guidance, Accessed Through The Skin | \$1,081.16 | PA Required |
| 36479 | Laser Destruction Of Insufficient Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance | \$286.18 | PA Required |
| 36481 | Insertion Of Catheter Into Portal Vein Of Liver, Accessed Through The Skin | \$1,277.34 | |
| 36482 | Chemical Destruction Of Incompetent Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance | \$1,866.60 | PA Required |
| 36483 | Chemical Destruction Of Incompetent Vein Of Arm Or Leg, Accessed Through The Skin Using Imaging Guidance, Subsequent Vein(S) | \$146.16 | PA Required |
| 36500 | Venous Catheterization For Selective Organ Blood Sampling | \$149.34 | |
| 36510 | Insertion Of Catheter Into Vein Of Navel, Newborn | \$90.04 | |
| 36511 | Therapeutic Apheresis; For White Blood Cells | \$102.89 | |
| 36512 | Therapeutic Apheresis; For Red Blood Cells | \$99.47 | |
| 36513 | Therapeutic Apheresis; For Platelets | \$97.22 | |
| 36514 | Therapeutic Apheresis; For Plasma Pheresis | \$620.21 | |
| 36516 | Mechanical Separation Of Plasma And Abnormal Antibodies From Blood | \$1,781.23 | PA Required |
| 36522 | Photopheresis, Extracorporeal | \$1,365.61 | |
| 36555 | Insertion Of Central Venous Catheter For Infusion, Patient Younger Than 5 Years, Not Tunneled | \$204.54 | |
| 36556 | Insertion Of Central Venous Catheter For Infusion, Patient 5 Years Or Older, Not Tunneled | \$230.97 | |
| 36557 | Insertion Of Central Venous Catheter For Infusion, Patient Younger Than 5 Years, Tunneled | \$922.33 | |
| 36558 | Insertion Of Central Venous Catheter For Infusion, Patient 5 Years Or Older, Tunneled | \$923.74 | |
| 36560 | Insertion Of Central Venous Catheter And Implanted Device For Infusion Beneath The Skin, Patient Younger Than 5 Years | \$1,159.02 | |
| 36561 | Insertion Of Central Venous Catheter And Implanted Device For Infusion Beneath The Skin, Patient 5 Years Or Older | \$1,091.17 | |
| 36563 | Insertion Of Tunneled Centrally Inserted Central Venous Access Device With Subcutaneous Pump | \$1,111.10 | |
| 36565 | Insertion Of Central Venous Catheters For Infusion, Two Catheters In Two Veins | \$807.79 | |
| 36566 | Insertion Of Central Venous Catheters, Two Catheters In Two Veins, And Implanted Devices For Infusion Beneath The Skin | \$4,346.10 | |
| 36568 | Insertion Of Peripherally Inserted Central Venous Catheter For Infusion (Picc), Patient Younger Than 5 Years | \$92.03 | |
| 36569 | Insertion Of Peripherally Inserted Central Venous Catheter For Infusion (Picc), Patient 5 Years Or Older | \$93.87 | |
| 36570 | Insertion Of Central Venous Catheter For Infusion With Port Beneath The Skin, Patient Younger Than 5 Years | \$1,190.35 | |
| 36571 | Insertion Of Central Venous Catheter For Infusion With Port Beneath The Skin, Patient 5 Years Or Older | \$1,281.64 | |
| 36572 | Insertion Of Central Venous Catheter For Infusion Using Imaging Guidance, Patient Younger Than 5 Years | \$358.76 | |
| 36573 | Insertion Of Central Venous Catheter For Infusion Using Imaging Guidance, Patient 5 Years Or Older | \$393.58 | |
| 36575 | Repair Of Central Venous Catheter For Infusion Without A Port Or Pump | \$164.87 | |
| 36576 | Repair Of Central Venous Catheter For Infusion With A Port Or Pump | \$335.14 | |
| 36578 | Replacement Of Central Venous Catheter Device | \$425.85 | |
| 36580 | Replacement Of Central Venous Catheter, Non-Tunneled Without Port Or Pump | \$207.45 | |
| 36581 | Replacement Of Central Venous Catheter, Tunneled Without Port Or Pump | \$789.56 | |
| 36582 | Replacement Of Central Venous Catheter, Tunneled With Port Or Pump | \$977.39 | |
| 36583 | Replacement Of Central Venous Catheter, Non-Tunneled With Port Or Pump | \$1,150.96 | |
| 36584 | Replacement Of Catheter In Peripheral Vein Accessed Through Same Vein | \$242.17 | |
| 36585 | Replacement, Complete, Of A Peripherally Inserted Central Venous Access Device, With Subcutaneous Port, Through Same Venous Access | \$1,168.61 | |
| 36589 | Removal Of Tunneled Central Venous Catheter, Without Subcutaneous Port Or Pump | \$172.03 | |
| 36590 | Removal Of Tunneled Central Venous Access Device, With Subcutaneous Port Or Pump, Central Or Peripheral Insertion | \$230.77 | |
| 36591 | Collection Of Blood Specimen From A Completely Implantable Venous Access Device | \$23.12 | |
| 36592 | Collection Of Blood Specimen Using Established Central Or Peripheral Catheter, Venous, Not Otherwise Specified | \$25.44 | |
| 36593 | Declothing By Thrombolytic Agent Of Implanted Vascular Access Device Or Catheter | \$28.15 | |
| 36595 | Mechanical Removal Of Pericatheter Obstructive Material (Eg, Fibrin Sheath) From Central Venous Device Via Separate Venous Access | \$592.54 | |
| 36596 | Mechanical Removal Of Intraluminal (Intracatheter) Obstructive Material From Central Venous Device Through Device Lumen | \$109.39 | |
| 36597 | Repositioning Of Previously Placed Central Venous Catheter Under Fluoroscopic Guidance | \$117.79 | |
| 36598 | Contrast Injection(S) For Radiologic Evaluation Of Existing Central Venous Access Device, Including Fluoroscopy, Image Documentation And Report | \$119.27 | |
| 36600 | Arterial Puncture, Withdrawal Of Blood For Diagnosis | \$29.94 | |
| 36620 | Insertion Of Arterial Catheter For Blood Sampling Or Infusion, Accessed Through The Skin | \$44.74 | |
| 36625 | Arterial Catheterization Or Cannulation For Sampling, Monitoring Or Transfusion (Separate Procedure); Cutdown | \$104.58 | |
| 36640 | Insertion Of Catheter Into Artery For Prolonged Infusion Therapy | \$107.55 | |
| 36660 | Insertion Of Catheter Into An Artery In Navel, Newborn | \$70.90 | |
| 36680 | Placement Of Needle For Intraosseous Infusion | \$58.00 | |
| 36800 | Insertion Of Cannula Connecting Vein To Vein | \$122.84 | |
| 36810 | Insertion Of Cannula Connecting Artery To Vein | \$192.93 | |
| 36815 | Repositioning Or Removal Of Cannula Connecting Artery To Vein | \$115.63 | |
| 36818 | Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure, Upper Arm, Cephalic Vein | \$664.04 | |
| 36819 | Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure, Upper Arm, Basilic Vein | \$702.44 | |
| 36820 | Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure, Forearm Vein | \$692.34 | |
| 36821 | Relocation Of Arm Vein With Connection To Arm Artery, Open Procedure, Any Site As Separate Procedure | \$637.72 | |
| 36823 | Insertion Of Arterial And Venous Cannula(S) For Isolated Extracorporeal Circulation Including Regional Chemotherapy Perfusion To An Extremity, With Or Without Hyperthermia, With Removal Of Cannula(S) And Repair Of Arteriotomy And Venotomy Sites | \$1,244.22 | |
| 36825 | Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anastomosis (Separate Procedure); Autogenous Graft | \$687.91 | |
| 36830 | Creation Of Arteriovenous Fistula By Other Than Direct Arteriovenous Anastomosis (Separate Procedure); Nonautogenous Graft (Eg, Biological Collagen, Thermoplastic Graft) | \$641.73 | |
| 36831 | Removal Of Blood Clot From Dialysis Graft, Open Procedure | \$533.40 | |
| 36832 | Revision Of Dialysis Graft, Open Procedure | \$728.39 | |
| 36833 | Revision Of Dialysis Graft With Removal Of Blood Cot, Open Procedure | \$728.78 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-------------|-------------------|
| 36835 | Insertion Of Thomas Shunt (Separate Procedure) | \$429.64 | |
| 36836 | Creation Of Opening Between Artery And Vein In Arm With Single Access To Both Blood Vessels | \$6,390.75 | |
| 36837 | Creation Of Opening Between Artery And Vein In Arm With Separate Access To Each Blood Vessels | \$9,094.17 | |
| 36838 | Distal Revascularization And Interval Ligation (Dril), Upper Extremity Hemodialysis Access (Steal Syndrome) | \$981.42 | |
| 36860 | External Cannula Declotting (Separate Procedure); Without Balloon Catheter | \$218.68 | |
| 36861 | Cannula Declotting; With Balloon Catheter | \$120.41 | |
| 36901 | Insertion Of Needle And/Or Catheter Into Dialysis Circuit, With Imaging Including Radiological Supervision And Interpretation | \$608.83 | |
| 36902 | Supervision And Interpretation | \$1,301.78 | |
| 36903 | Supervision And Interpretation | \$4,870.31 | |
| 36904 | Excision Of Blood Clot And/Or Infusion To Dissolve Blood Clot In Dialysis Circuit And Balloon Dilation Of Dialysis Segment, , Accessed Through The Skin, With Imaging Including Radiological Supervision And Interpretation, Without Balloon Catheter | \$1,895.92 | |
| 36905 | Excision Of Blood Clot And/Or Infusion To Dissolve Blood Clot In Dialysis Circuit And Balloon Dilation Of Dialysis Segment, , Accessed Through The Skin, With Imaging Including Radiological Supervision And Interpretation, With Balloon Catheter | \$2,426.58 | |
| 36906 | Removal Or Dissolving Of Blood Clot In Dialysis Circuit, With Balloon Dilation Of Dialysis Segment And Placement Of Stent, Accessed Through Skin, With Imaging | \$6,154.77 | |
| 36907 | Balloon Dilation Of Dialysis Segment, Accessed Through The Skin, With Imaging Including Radiological Supervision And Interpretation | \$653.17 | |
| 36908 | Insertion Of Stent In Dialysis Segment, With Imaging Including Radiological Supervision And Interpretation | \$1,590.91 | |
| 36909 | Permanent Blockage Of Dialysis Circuit, With Imaging Including Radiological Supervision And Interpretation | \$2,105.46 | |
| 37140 | Connection Of Vena Cava And Portal Vein Of Liver, Open Procedure | \$2,043.98 | |
| 37145 | Connection Of Renal (Kidney) Vein And Portal Vein Of Liver, Open Procedure | \$1,897.02 | |
| 37160 | Connection Of Vena Cava And Abdominal Vein, Open Procedure | \$2,164.61 | |
| 37180 | Connection Of Splenic (Spleen) And Renal (Kidney) Vein Near Aorta, Open Procedure | \$1,871.68 | |
| 37181 | Connection Of Splenic (Spleen) And Renal (Kidney) Vein, Open Procedure | \$2,043.98 | |
| 37182 | Portography With Hemodynamic Evaluation, Intrahepatic Tract Formation/Dilatation, Stent Placement And All Associated | \$820.27 | |
| 37183 | Revision Of Shunts To Bypass Blood Flow To Liver Using Imaging Guidance | \$5,318.25 | |
| 37184 | Removal Of Blood Clot And Injections To Dissolve Blood Clot From Artery Or Arterial Graft Using Fluoroscopic Guidance, Accessed Through The Skin, Initial Vessel | \$1,897.82 | |
| 37185 | Removal Of Blood Clot And Injections To Dissolve Blood Clot From Artery Or Arterial Graft Using Fluoroscopic Guidance, Accessed Through The Skin, Subsequent Vessel(S) | \$513.40 | |
| 37186 | Removal Of Blood Clot And Injections To Dissolve Blood Clot From Artery Or Arterial Graft Using Fluoroscopic Guidance, Accessed Beneath The Skin | \$1,320.47 | |
| 37187 | Removal Of Blood Clot And Injections (Accessed Through The Skin) To Dissolve Blood Clot From Veins Using Fluoroscopic Guidance, Initial | \$1,911.89 | |
| 37188 | Removal Of Blood Clot And Injections (Accessed Through The Skin) To Dissolve Blood Clot From Veins Using Fluoroscopic Guidance, Subsequent | \$1,637.02 | |
| 37191 | Insertion Of Vena Cava Filter By Endovascular Approach, Including Radiological Supervision And Interpretation | \$2,294.71 | |
| 37192 | Repositioning Of Vena Cava Filter By Endovascular Approach, Including Radiological Supervision And Interpretation | \$1,254.40 | |
| 37193 | Removal Of Vena Cava Filter By Endovascular Approach, Including Radiological Supervision And Interpretation | \$1,657.44 | |
| 37195 | Thrombolysis, Cerebral, By Intravenous Infusion | \$363.55 | |
| 37197 | Retrieval Of Foreign Body Of Blood Vessels, Accessed Through The Skin Including Radiological Supervision And Interpretation | \$1,735.79 | |
| 37200 | Transcatheter Biopsy | \$215.92 | |
| 37211 | Insertion Of Catheter Into Artery For Drug Infusion For Blood Clot Including Radiological Supervision And Interpretation | \$375.56 | |
| 37212 | Transcatheter Therapy, Venous Infusion For Thrombolysis, Any Method, Including Radiological Supervision And Interpretation, Initial Treatment Day | \$330.12 | |
| 37213 | Transcatheter Therapy, Arterial Or Venous Infusion For Thrombolysis Other Than Coronary, Any Method, Including Radiological Supervision And Interpretation, Continued Treatment On Subsequent Day During Course Of Thrombolytic Therapy, Including Follow-Up Catheter | \$226.77 | |
| 37214 | Removal Of Catheter In Artery Or Vein Including Radiological Supervision And Interpretation | \$118.90 | |
| 37215 | Insertion Of Stents And Blood Clot Protection Device In Neck Artery, Open Or Accessed Through The Skin | \$954.09 | |
| 37216 | Insertion Of Stents In Neck Artery, Open Or Accessed Through The Skin | \$1,112.02 | |
| 37217 | Insertion Of Intravascular Stents In Neck Artery With Radiological Supervision And Interpretation | \$929.57 | |
| 37218 | Insertion Of Stents In Blood Vessels Of Chest Open Or Accessed Through The Skin With Radiological Supervision And Interpretation | \$711.70 | |
| 37220 | Balloon Dilation Of Artery In One Side Of Groin, Endovascular, Accessed Through The Skin Or Open Procedure | \$2,801.82 | |
| 37221 | Insertion Of Stents In Artery In One Side Of Groin, Endovascular, Accessed Through The Skin Or Open Procedure | \$3,457.18 | |
| 37222 | Balloon Dilation Of Groin Artery, Endovascular, Open, Or Percutaneous Approach | \$667.32 | |
| 37223 | Insertion Of Stents Into Groin Artery, Endovascular, Accessed Through The Skin Or Open Procedure | \$1,426.94 | |
| 37224 | Balloon Dilation Of Arteries In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure | \$3,281.06 | |
| 37225 | Removal Of Plaque In Arteries In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure | \$9,969.23 | |
| 37226 | Insertion Of Stents Into Arteries In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure | \$9,301.36 | |
| 37227 | Removal Of Plaque And Insertion Of Stents Into Arteries In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure | \$12,778.54 | |
| 37228 | Balloon Dilation Of Artery Of One Leg, Endovascular, Accessed Through The Skin Or Open Procedure | \$4,675.74 | |
| 37229 | Removal Of Plaque In Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure | \$10,084.43 | |
| 37230 | Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure | \$10,145.55 | |
| 37231 | Removal Of Plaque And Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure | \$13,265.99 | |
| 37232 | Balloon Dilation Of Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure | \$904.21 | |
| 37233 | Removal Of Plaque In Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure, Each Additional Vessel | \$1,125.03 | |
| 37234 | Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure, Each Additional Vessel | \$3,678.95 | |
| 37235 | Removal Of Plaque And Insertion Of Stents Into Artery In One Leg, Endovascular, Accessed Through The Skin Or Open Procedure, Each Additional Vessel | \$3,937.98 | |
| 37236 | Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation | \$2,451.38 | |
| 37237 | Insertion Of Intravascular Stents In Artery (Except Lower Extremity, Cervical Carotid, Extracranial Vertebral Or Intrathoracic Carotid, Intracranial, Or Coronary), Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additio | \$1,293.72 | |
| 37238 | Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation | \$3,617.46 | |
| 37239 | Insertion Of Intravascular Stents In Vein, Open Or Accessed Through The Skin, With Radiological Supervision And Interpretation, Each Additional Vein | \$1,798.31 | |
| 37241 | Occlusion Of Venous Malformations (Other Than Hemorrhage) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance | \$4,005.36 | |
| 37242 | Occlusion Of Artery (Other Than Hemorrhage Or Tumor) With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance | \$6,764.85 | |
| 37243 | Occlusion Of Tumors Or Obstructed Blood Vessel With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance | \$8,542.32 | |
| 37244 | Occlusion Of Arterial Or Venous Hemorrhage With Radiological Supervision And Interpretation, Roadmapping, And Imaging Guidance | \$5,960.82 | |
| 37246 | Balloon Dilation Of Artery, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation, Initial Artery | \$2,036.31 | |
| 37247 | Balloon Dilation Of Artery, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation, Each Additional Artery | \$595.68 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 37248 | Balloon Dilation Of First Vein, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation | \$1,584.08 | |
| 37249 | Balloon Dilation Of Additional Vein, Accessed Through The Skin Or By Open Procedure, With Imaging Including Radiological Supervision And Interpretation | \$482.32 | |
| 37252 | Ultrasound Evaluation Of Blood Vessel During Diagnosis Or Treatment, Initial Vessel | \$1,069.31 | |
| 37253 | Ultrasound Evaluation Of Blood Vessel During Diagnosis Or Treatment, Each Additional Vessel | \$178.29 | |
| 37500 | Vascular Endoscopy, Surgical, With Ligation Of Perforator Veins, Subfascial (Seps) | \$543.63 | |
| 37501 | Unlisted Vascular Endoscopy Procedure | Price By Report | |
| 37565 | Ligation, Internal Jugular Vein | \$650.71 | |
| 37600 | Ligation; External Carotid Artery | \$664.08 | |
| 37605 | Ligation; Internal Or Common Carotid Artery | \$632.00 | |
| 37606 | Ligation; Internal Or Common Carotid Artery, With Gradual Occlusion, As With Selverstone Or Crutchfield Clamp | \$636.81 | |
| 37607 | Ligation Or Banding Of Angioaccess Arteriovenous Fistula | \$383.83 | |
| 37609 | Ligation Or Biopsy, Temporal Artery | \$273.77 | |
| 37615 | Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Neck | \$479.09 | |
| 37616 | Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Chest | \$803.74 | |
| 37617 | Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Abdomen | \$948.35 | |
| 37618 | Ligation, Major Artery (Eg, Post-Traumatic, Rupture); Extremity | \$385.52 | |
| 37619 | Ligation Of Inferior Vena Cava | \$1,519.60 | |
| 37650 | Ligation Of Femoral Vein | \$396.45 | |
| 37660 | Ligation Of Common Iliac Vein | \$1,160.84 | |
| 37700 | Tying And Incision Leg Vein, Long Saphenous Vein | \$216.48 | |
| 37718 | Ligation, Division, And Stripping, Short Saphenous Vein | \$340.03 | PA Required |
| 37722 | Ligation, Division, And Stripping, Long (Greater) Saphenous Veins From Saphenofemoral Junction To Knee Or Below | \$408.05 | PA Required |
| 37735 | Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins With Radical Excision Of Ulcer And Skin Graft And/Or Interruption Of Communicating Veins Of Lower Leg, With Excision Of Deep Fascia | \$501.35 | PA Required |
| 37760 | Tying Of Varicose Veins In One Leg, Open Procedure, Radical | \$496.55 | PA Required |
| 37761 | Tying Of Varicose Veins In One Leg, Open Procedure, Simple | \$469.40 | PA Required |
| 37765 | Multiple Incisions For Removal Of Varicose Veins Of Arm Or Leg, 10-20 Incisions | \$443.47 | PA Required |
| 37766 | Multiple Incisions For Removal Of Varicose Veins Of Arm Or Leg, Greater Than 20 Incisions | \$514.09 | PA Required |
| 37780 | Tying And Incision Leg Vein, Short Saphenous Vein | \$205.71 | PA Required |
| 37785 | Ligation, Division, And/Or Excision Of Recurrent Or Secondary Varicose Veins (Clusters), One Leg | \$328.00 | PA Required |
| 37788 | Penile Revascularization, Artery, With Or Without Vein Graft | \$1,146.72 | |
| 37790 | Blockage Of Penis Vein | \$443.03 | |
| 37799 | Unlisted Procedure, Vascular Surgery | Price By Report | |
| 38100 | Splenectomy; Total | \$901.11 | |
| 38101 | Splenectomy; Total Partial | \$1,030.61 | |
| 38102 | Splenectomy; Total, En Bloc For Extensive Disease, In Conjunction With Other Procedure (List In Addition To Code For Primary Procedure) | \$229.61 | |
| 38115 | Repair Of Ruptured Spleen (Splenorrhaphy) With Or Without Partial Splenectomy | \$1,141.95 | |
| 38120 | Laparoscopy, Surgical, Splenectomy | \$1,075.41 | |
| 38129 | Unlisted Laparoscopy Procedure, Spleen | Price By Report | |
| 38200 | Injection Procedure For Splenoportography | \$120.23 | |
| 38205 | Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Allogenic | \$79.95 | PA Required |
| 38206 | Blood-Derived Hematopoietic Progenitor Cell Harvesting For Transplantation, Per Collection; Autologous | \$78.96 | PA Required |
| 38220 | Aspiration Of Bone Marrow | \$166.47 | |
| 38221 | Biopsy Of Bone Marrow | \$173.37 | |
| 38222 | Diagnostic Aspirations And Biopsies Of Bone Marrow | \$181.46 | |
| 38230 | Harvesting Of Donor Bone Marrow For Transplantation | \$180.63 | PA Required |
| 38232 | Harvesting Of Patient Bone Marrow For Transplantation | \$177.19 | |
| 38240 | Transplantation Of Donor Stem Cells, Per Donor | \$210.58 | PA Required |
| 38241 | Transplantation Of Patient-Derived Stem Cells | \$164.14 | PA Required |
| 38242 | Transplantation Of Donor White Cells (Lymphocytes) | \$118.44 | PA Required |
| 38243 | Transplantation Of Donor Stem Cells | \$115.16 | |
| 38300 | Simple Drainage Of Lymph Node Abscess Or Inflammation | \$299.94 | |
| 38305 | Extensive Drainage Of Lymph Node Abscess Or Inflammation | \$447.14 | |
| 38308 | Incision Or Other Operation On Lymphatic Channels | \$417.45 | |
| 38380 | Suture And/Or Tying Chest Lymph Duct, Cervical | \$522.13 | |
| 38381 | Suture And/Or Tying Chest Lymph Duct, Thoracic | \$706.06 | |
| 38382 | Suture And/Or Tying Chest Lymph Duct, Abdominal | \$609.29 | |
| 38500 | Biopsy Or Removal Of Lymph Nodes, Open Procedure | \$229.01 | |
| 38505 | Biopsy Or Excision Of Lymph Node; By Needle, Superficial (Eg, Cervical, Inguinal, Axillary) | \$125.63 | |
| 38510 | Biopsy Or Removal Of Lymph Nodes Of Neck, Open Procedure | \$359.44 | |
| 38520 | Biopsy Or Removal Of Lymph Nodes Of Neck, Open Procedure With Removal Of Fat Pad | \$421.87 | |
| 38525 | Biopsy Or Removal Of Lymph Nodes Of Under The Arm, Open Procedure | \$321.99 | |
| 38530 | Biopsy Or Removal Of Breast Lymph Nodes, Open Procedure | \$509.08 | |
| 38531 | Open Biopsy Or Excision Of Lymph Nodes In Groin | \$446.13 | |
| 38542 | Dissection; Deep Cervical Node Deep Jugular Node | \$477.96 | |
| 38550 | Removal Of Congenital Defect Of Lymph Nodes At Underarm Or Neck Without Deep Dissection | \$473.36 | |
| 38555 | Removal Of Congenital Defect Of Lymph Nodes At Underarm Or Neck With Deep | \$918.87 | |
| 38562 | Limited Lymphadenectomy For Staging (Separate Procedure); Pelvic | \$642.39 | |
| 38564 | Limited Lymphadenectomy For Staging (Separate Procedure); Retroperitoneal (Aortic And/Or Splenic) | \$632.72 | |
| 38570 | Laparoscopy, Surgical; With Retroperitoneal Lymph Node Sampling (Biopsy), Single Or Multiple | \$518.89 | |
| 38571 | Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy | \$669.35 | |
| 38572 | Laparoscopy, Surgical; With Bilateral Total Pelvic Lymphadenectomy And Peri-Aortic Lymph Node Sampling (Biopsy), Single Or Multiple | \$914.72 | |
| 38573 | Removal Of All Lymph Nodes Of Both Sides Of Pelvis Using An Endoscope | \$1,179.14 | |
| 38589 | Unlisted Laparoscopy Procedure, Lymphatic System | Price By Report | |
| 38700 | Suprahyoid Lymphadenectomy | \$723.96 | |
| 38720 | Cervical Lymphadenectomy (Complete) | \$1,219.28 | |
| 38724 | Removal Of Lymph Nodes, Muscle, And Tissue Of Neck | \$1,162.73 | |
| 38740 | Axillary Lymphadenectomy; Superficial | \$627.87 | |
| 38745 | Axillary Lymphadenectomy; Complete | \$786.61 | |
| 38746 | (Procedure) | \$205.66 | |
| 38747 | Abdominal Lymphadenectomy, Regional, Including Celiac, Gastric, Portal, Peripancreatic, With Or Without Para-Aortic And Vena Caval Nodes (List Separately In Addition To Code For Primary Procedure) | \$258.93 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 38760 | Removal Of Lymph Nodes At Groin | \$750.82 | |
| 38765 | Removal Of Lymph Nodes At Groin And Pelvis, Superficial | \$1,174.50 | |
| 38770 | Pelvic Lymphadenectomy, Including External Iliac, Hypogastric, And Obturator Nodes (Separate Procedure) | \$729.55 | |
| 38780 | Retroperitoneal Lymphadenectomy, Extensive, Including Pelvic, Aortic, And Renal Nodes (Separate Procedure) | \$938.63 | |
| 38790 | Injection Procedure; Lymphangiography | \$73.56 | |
| 38792 | Injection Procedure; Radioactive Tracer For Identification Of Sentinel Node | \$57.59 | |
| 38794 | Cannulation, Thoracic Duct | \$272.59 | |
| | Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S), Includes Injection Of Non-Radioactive Dye, When Performed (List Separately In Addition To Code For Primary Procedure) | \$134.01 | |
| 38999 | Unlisted Procedure, Hemic Or Lymphatic System | Price By Report | |
| 39000 | Drainage, Biopsy, Or Removal Of Foreign Body Of Chest Cavity, Cervical | \$447.99 | |
| 39010 | Drainage, Biopsy, Or Removal Of Foreign Body Of Chest Cavity, Transthoracic, With Sternotomy | \$771.49 | |
| 39200 | Resection Of Mediastinal Cyst | \$761.06 | |
| 39220 | Resection Of Mediastinal Tumor | \$999.89 | |
| 39401 | Examination Of Chest Using An Endoscope With Biopsy | \$268.41 | |
| 39402 | Examination Of Chest Using An Endoscope With Lymph Node Biopsy | \$389.16 | |
| 39499 | Unlisted Procedure, Mediastinum | Price By Report | |
| 39501 | Repair, Laceration Of Diaphragm, Any Approach | \$843.79 | |
| 39503 | Repair Of Congenital Defect Of Muscle Separating The Chest And Abdominal Cavities, Neonate | \$5,591.45 | |
| 39540 | Repair Of Injury To Muscle Separating The Chest And Abdominal Cavities, Acute | \$763.64 | |
| 39541 | Repair Of Injury To Muscle Separating The Chest And Abdominal Cavities, Chronic | \$832.13 | |
| 39545 | Imbrication Of Diaphragm For Eventration, Transthoracic Or Transabdominal, Paralytic Or Nonparalytic | \$862.39 | |
| 39560 | Resection, Diaphragm; With Simple Repair (Eg, Primary Suture) | \$831.78 | |
| 39561 | Resection, Diaphragm; With Complex Repair (Eg, Prosthetic Material, Local Muscle Flap) | \$1,105.91 | |
| 39599 | Unlisted Procedure, Diaphragm | Price By Report | |
| 40490 | Biopsy Lip | \$85.82 | |
| 40500 | Vermilionectomy (Lip Shave), With Mucosal Advancement | \$499.97 | |
| 40510 | Excision Lip; Transverse Wedge Excision With Primary Closure | \$465.86 | |
| 40520 | Excision Lip; V-Excision With Primary Direct Linear Closure | \$477.23 | |
| 40525 | Removal Of Lip With Local Skin Flap Repair | \$508.84 | |
| 40527 | Removal Of Lip With Cross Skin Flap Repair | \$578.89 | |
| 40530 | Resection Lip, More Than One-Fourth, Without Reconstruction | \$528.76 | |
| 40650 | Repair Lip, Full Thickness; Vermilion Only | \$334.15 | |
| 40652 | Repair Lip, Full Thickness; Up To Half Vertical Height | \$445.35 | |
| 40654 | Repair Lip, Full Thickness; Over One Half Vertical Height, Or Complex | \$551.30 | |
| 40700 | Plastic Repair Of Cleft Lip/Nasal Deformity; Primary, Partial Or Complete, Unilateral | \$1,020.17 | |
| 40701 | Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, One Stage | \$1,202.97 | |
| 40702 | Plastic Repair Of Deformity Present At Birth On Both Sides Of The Nose Or Lip, More Than One Stage | \$1,010.85 | |
| 40720 | Plastic Repair Of Nasal And Lip Deformity Present At Birth, Without A Flap | \$962.17 | |
| 40761 | Plastic Repair Of Nasal And Lip Deformity Present At Birth With A Flap | \$980.75 | |
| 40799 | Unlisted Procedure, Lips | Price By Report | |
| 40800 | Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Uncomplicated | \$144.65 | |
| 40801 | Incision Of Abscess, Cyst, Or Blood Accumulation In Mouth, Complicated | \$260.30 | |
| 40804 | Removal Of Embedded Foreign Body Of Mouth, Simple | \$180.47 | |
| 40805 | Removal Of Embedded Foreign Body Of Mouth, Complicated | \$215.21 | |
| 40806 | Incision Of Labial Frenum (Frenotomy) | \$70.84 | |
| 40808 | Biopsy, Vestibule Of Mouth | \$119.39 | |
| 40810 | Excision Of Lesion Of Mucosa And Submucosa; Without Repair | \$153.23 | |
| 40812 | Excision Of Lesion Of Mucosa And Submucosa; With Simple Repair | \$201.37 | |
| 40814 | Excision Of Lesion Of Mucosa And Submucosa; With Complex Repair | \$270.26 | |
| 40816 | Excision Of Lesion Of Mucosa, Submucosa, And Underlying Muscle | \$382.16 | |
| 40818 | Excision Of Mucosa As Donor Graft | \$352.45 | |
| 40819 | Excision Of Frenum, Labial Or Buccal (Frenumectomy, Frenulectomy, Frenectomy) | \$289.02 | |
| 40820 | Destruction Of Lesion Or Scar By Physical Methods (Eg, Thermal, Cryo, Chemical) | \$187.58 | |
| 40830 | Closure Of Laceration; Up To 2 Cm | \$225.54 | |
| 40831 | Closure Of Laceration; Over 2 Cm Or Complex | \$218.35 | |
| 40840 | Repair To Increase Depth Of Mouth, Front Portion | \$816.11 | |
| 40842 | Vestibuloplasty; Posterior, Unilateral | \$872.94 | |
| 40843 | Vestibuloplasty; Posterior, Bilateral | \$1,120.35 | |
| 40844 | Repair To Increase Depth Of Mouth, Entire Arch | \$1,399.41 | |
| 40845 | Repair To Increase Depth Of Mouth, Complex | \$1,389.56 | |
| 40899 | Unlisted Inner Mouth Procedure | Price By Report | |
| 41000 | Drainage Of Abscess, Cyst, Or Blood Accumulation Of Tongue | \$144.51 | |
| 41005 | Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue, Superficial From Within The Mouth | \$217.21 | |
| 41006 | Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue, Deep From Within The Mouth | \$253.92 | |
| 41007 | Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Lower Lip From Within The Mouth | \$314.08 | |
| 41008 | Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Jaw Bone | \$371.79 | |
| 41009 | Drainage Of Abscess, Cyst, Or Blood Accumulation Under Lower Teeth | \$295.59 | |
| 41010 | Incision Of Lingual Frenum (Frenotomy) | \$197.45 | |
| 41015 | Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue, Superficial From Outside Of The Mouth | \$381.03 | |
| 41016 | Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Lower Lip From Outside Of The Mouth | \$451.93 | |
| 41017 | Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Jaw Bone | \$445.61 | |
| 41018 | Drainage Of Abscess, Cyst, Or Blood Accumulation Under The Tongue Or Lower Teeth | \$497.22 | |
| 41019 | Insertion Of Needles, Catheters, Or Devices Into Head And/Or Neck For Radiation Delivery | \$450.50 | |
| 41100 | Biopsy Of Tongue, Front Two Thirds | \$168.94 | |
| 41105 | Biopsy Of Tongue, Back On Third | \$179.73 | |
| 41108 | Biopsy, Floor Of Mouth | \$152.24 | |
| 41110 | Removal Of Growth Of Tongue Without Suturing | \$162.42 | |
| 41112 | Removal Of Growth Of Tongue With Suturing, Front Two-Thirds | \$237.86 | |
| 41113 | Removal Of Growth Of Tongue With Suturing, Back One-Third | \$348.46 | |
| 41114 | Removal Of Growth Of Tongue With Local Tissue Flap | \$568.66 | |
| 41115 | Excision Of Lingual Frenum (Frenectomy) | \$185.55 | |
| 41116 | Excision Lesion Of Floor Of Mouth | \$301.74 | |
| 41120 | Removal Of Less Than Half Of Tongue | \$941.15 | |
| 41130 | Glossectomy; Hemiglossectomy | \$1,230.42 | |
| 41135 | Glossectomy; Partial, With Unilateral Radical Neck Dissection | \$2,006.48 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 41140 | Glossectomy; Complete Or Total, With Or Without Tracheostomy, Without Radical Neck Dissection | \$2,032.04 | |
| 41145 | Glossectomy; Complete Or Total, With Or Without Tracheostomy, With Unilateral Radical Neck Dissection | \$2,557.38 | |
| 41150 | Removal Of Tongue, Floor Of Mouth, And Jaw Bone | \$2,041.25 | |
| 41153 | Removal Of Tongue, Floor Of Mouth, Soft Tissue, And Lymph Nodes | \$2,217.42 | |
| 41155 | Removal Of Tongue, Floor Of Mouth, Jaw Bone, Tissue, And Lymph Nodes | \$2,767.67 | |
| 41250 | Repair Of (2.5 Centimeter Or Less) Laceration To Floor Of Mouth And/Or Tongue | \$198.78 | |
| 41251 | Repair Of Laceration (2.5 Centimeter Or Less) Of Back Third Of Tongue | \$296.40 | |
| 41252 | Repair Of Laceration (More Than 2.5 Centimeter Or Complex) Of Tongue Or Floor Of Mouth | \$228.64 | |
| 41510 | Suture Of Tongue To Lip To Enlarge Mouth | \$435.06 | |
| 41512 | Permanent Suture Suspension Of Tongue Base | \$644.49 | |
| 41520 | Repair Of Tissue Connecting Tongue To Floor Of Mouth | \$326.31 | |
| 41530 | Destruction Of Tongue Tissue, Per Session | \$916.78 | |
| 41599 | Unlisted Procedure, Tongue, Floor Of Mouth | Price By Report | |
| 41800 | Drainage Of Abscess, Cyst, Or Blood Accumulation Of Dental Bone | \$207.20 | |
| 41805 | Removal Embedded Foreign Body; From Soft Tissues | \$306.15 | |
| 41806 | Removal Embedded Foreign Body; From Bone | \$400.50 | |
| 41820 | Gingivectomy, Excision Gingiva, Each Quadrant | \$225.36 | |
| 41821 | Operculectomy, Excision Pericoronal Tissues | \$127.51 | |
| 41822 | Excision Of Fibrous Tuberosities, Dentoalveolar Structures | \$337.68 | |
| 41823 | Excision Of Osseous Tuberosities, Dentoalveolar Structures | \$501.86 | |
| 41825 | Excision Of Lesion Or Tumor (Except Listed Above), Dentoalveolar Structures Without Repair | \$212.52 | |
| 41826 | Removal Of Growth Of Dental Bone With Repair, Simple | \$215.20 | |
| 41827 | Removal Of Growth Of Dental Bone With Repair, Complex | \$416.92 | |
| 41828 | Excision Of Hyperplastic Alveolar Mucosa, Each Quadrant (Specify) | \$332.19 | |
| 41830 | Alveolectomy, Including Curettage Of Osteitis Or Sequestrectomy | \$445.90 | |
| 41850 | Destruction Of Tissue Abnormality Of Structure Supporting Teeth | \$56.34 | |
| 41870 | Periodontal Mucosal Grafting | \$159.04 | |
| 41872 | Reshaping Of Gum | \$447.20 | |
| 41874 | Reshaping Of Tooth Socket | \$371.22 | |
| 41899 | Unlisted Procedure, Dentoalveolar Structures | Price By Report | |
| 42000 | Drainage Of Abscess Of Palate, Uvula | \$112.85 | |
| 42100 | Biopsy Of Palate, Uvula | \$102.70 | |
| 42104 | Removal Of Growth Of Roof Of Mouth Without Suturing | \$152.20 | |
| 42106 | Removal Of Growth Of Roof Of Mouth, With Simple Suturing | \$247.66 | |
| 42107 | Removal Of Growth Of Roof Of Mouth, With A Local Tissue Flap | \$437.59 | |
| 42120 | Resection Palate Or Extensive Resection Of Lesion | \$945.43 | |
| 42140 | Removal Of Soft Tissue At Roof Of Mouth, Simple | \$221.43 | |
| 42145 | Removal Of Soft Tissue At Roof Of Mouth, Complex | \$705.67 | |
| 42160 | Destruction Of Lesion, Palate Or Uvula (Thermal, Cryo Or Chemical) | \$223.46 | |
| 42180 | Repair Laceration Of Palate; Up To 2 Cm | \$243.36 | |
| 42182 | Repair Laceration Of Palate; Over 2 Cm Or Complex | \$312.46 | |
| 42200 | Repair Of Defect Of Roof Of Mouth Of Soft And Hard Plate | \$944.92 | |
| 42205 | Repair Of Defect Of Roof Of Mouth, Alveolar Ridge, Soft Tissue | \$882.57 | |
| 42210 | Repair Of Defect Of Roof Of Mouth, Alveolar Ridge, With Graft | \$1,095.82 | |
| 42215 | Repair Of Defect Of Roof Of Mouth, Major Revision | \$718.70 | |
| 42220 | Lengthening Of Roof Of Mouth And Repair Of Cleft Palate | \$533.75 | |
| 42225 | Repair Of Defect Of Roof Of Mouth With Flap From The Pharynx | \$1,026.06 | |
| 42226 | Lengthening Of Roof Of Mouth With A Pharynx Flap | \$852.24 | |
| 42227 | Lengthening Of Palate, With Island Flap | \$793.57 | |
| 42235 | Lengthening Of Roof Of Mouth With Flap From The Lower Interior Nasal Septal Area | \$700.46 | |
| 42260 | Repair Nasolabial Fistula | \$808.08 | |
| 42280 | Maxillary Impression For Palatal Prosthesis | \$170.67 | |
| 42281 | Insertion Of Pin-Retained Palatal Prosthesis | \$216.47 | |
| 42299 | Unlisted Roof Of The Mouth Procedure | Price By Report | |
| 42300 | Drainage Of Abscess Of Salivary Gland, Uncomplicated | \$193.53 | |
| 42305 | Drainage Of Abscess Of Salivary Gland, Complicated | \$393.71 | |
| 42310 | Drainage Of Lower Jaw Abscess From Within The Mouth | \$164.14 | |
| 42320 | Drainage Of Lower Jaw Abscess From Outside Of The Mouth | \$249.46 | |
| 42330 | Removal Of Salivary Gland Stone (Parotid) Uncomplicated Inside The Mouth | \$209.50 | |
| 42335 | Removal Of Salivary Gland (Submaxillary) Or Stone, Complicated Inside The Mouth | \$304.48 | |
| 42340 | Removal Of Salivary Gland (Parotid) Stone, Complicated | \$509.15 | |
| 42400 | Biopsy Salivary Gland; Needle | \$94.55 | |
| 42405 | Biopsy Of Salivary Gland By Incision | \$209.91 | |
| 42408 | Excision Sublingual Salivary Cyst (Ranula) | \$385.37 | |
| 42409 | Marsupialization Sublingual Salivary Cyst (Ranula) | \$279.36 | |
| 42410 | Removal Of Salivary Gland Growth Or Salivary Gland, Lateral Lobe | \$548.85 | |
| 42415 | Excision Parotid Tumor Or Parotid Gland; Lateral Lobe, With Dissection And Preservation Of Facial Nerve | \$970.21 | |
| 42420 | Excision Parotid Tumor Or Parotid Gland; Total, With Dissection And Preservation Of Facial Nerve | \$1,086.35 | |
| 42425 | Excision Parotid Tumor Or Parotid Gland; Total, En Bloc Removal With Sacrifice Of Facial Nerve | \$769.71 | |
| 42426 | Excision Parotid Tumor Or Parotid Gland; Total, With Unilateral Radical Neck Dissection | \$1,232.34 | |
| 42440 | Excision Submandibular (Submaxillary) Gland | \$425.82 | |
| 42450 | Excision Sublingual Gland | \$328.14 | |
| 42500 | Plastic Repair Of Salivary Duct, Simple | \$427.04 | |
| 42505 | Plastic Repair Of Salivary Duct, Complicated | \$542.18 | |
| 42507 | Parotid Duct Diversion, Bilateral (Wilke Type Procedure); | \$462.71 | |
| 42509 | Parotid Duct Diversion, Bilateral (Wilke Type Procedure); With Excision Of Both Submandibular Glands | \$760.21 | |
| 42510 | Creation Of New Drainage Tracts Of Major Salivary Gland Ducts On Both Sides Of Mouth With Tying Of Salivary Gland Ducts | \$566.07 | |
| 42550 | Injection Procedure For Sialography | \$153.86 | |
| 42600 | Closure Salivary Fistula | \$520.73 | |
| 42650 | Dilation Salivary Duct | \$51.77 | |
| 42660 | Dilation And Catheterization Of Salivary Duct, With Or Without Injection | \$101.34 | |
| 42665 | Ligation Salivary Duct, Intraoral | \$362.63 | |
| 42699 | Unlisted Procedure, Salivary Glands Or Ducts | Price By Report | |
| 42700 | Incision And Drainage Abscess; Peritonsillar | \$189.01 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 42720 | Drainage Of Throat Abscess, Through The Mouth | \$306.46 | |
| 42725 | Drainage Of Throat Abscess, From Outside The Mouth | \$538.60 | |
| 42800 | Biopsy; Oropharynx | \$150.41 | |
| 42804 | Biopsy Of Throat Lesion Behind Nose, Simple | \$207.65 | |
| 42806 | Biopsy Of Throat Lesion Behind Nose, Complex | \$230.55 | |
| 42808 | Excision Or Destruction Of Lesion Of Pharynx, Any Method | \$218.93 | |
| 42809 | Removal Of Foreign Body From Pharynx | \$181.94 | |
| 42810 | Excision Branchial Cleft Cyst Or Vestige; Confined To Skin And Subcutaneous Tissues | \$271.70 | |
| 42815 | Excision Branchial Cleft Cyst Or Vestige; Extending Beneath Subcutaneous Tissues | \$558.05 | |
| 42820 | Tonsillectomy And Adenoidectomy; Under Age 12 | \$298.62 | |
| 42821 | Tonsillectomy And Adenoidectomy; Age 12 Or Over | \$312.20 | |
| 42825 | Tonsillectomy, Primary Or Secondary; Under Age 12 | \$276.64 | |
| 42826 | Tonsillectomy, Primary Or Secondary; Age 12 Or Over | \$262.84 | |
| 42830 | Removal Of Adenoids Patient Younger Than Age 12, Initial Procedure | \$218.94 | |
| 42831 | Removal Of Adenoids Patient Age 12 Or Over, Initial Procedure | \$236.13 | |
| 42835 | Removal Of Adenoids Patient Younger Than Age 12, Secondary Procedure | \$166.87 | |
| 42836 | Removal Of Adenoids Patient Age 12 Or Over, Secondary Procedure | \$226.72 | |
| 42842 | Removal Of Tonsils, Tissue, Muscle, And Bone, Without Closure | \$947.89 | |
| 42844 | Removal Of Tonsils, Tissue, Muscle, And Bone, Closure With Local Flap | \$1,285.55 | |
| 42845 | Removal Of Tonsils, Tissue, Muscle, And Bone, Closure With Other Flap | \$2,043.37 | |
| 42860 | Excision Of Tonsil Tags | \$179.69 | |
| 42870 | Excision Or Destruction Lingual Tonsil, Any Method (Separate Procedure) | \$411.79 | |
| 42890 | Limited Pharyngectomy | \$1,321.14 | |
| 42892 | Partial Removal Of Wall Of Throat (Pharynx) With Suture Repair | \$1,739.31 | |
| 42894 | Removal Of Throat Tissue | \$2,193.59 | |
| 42900 | Suture Pharynx For Wound Or Injury | \$304.47 | |
| 42950 | Pharyngoplasty (Plastic Or Reconstructive Operation On Pharynx) | \$732.14 | |
| 42953 | Pharyngoesophageal Repair | \$905.52 | |
| 42955 | Pharyngostomy (Fistulization Of Pharynx, External For Feeding) | \$718.44 | |
| 42960 | Control Of Bleeding Of Throat, Uncomplicated | \$140.74 | |
| 42961 | Control Oropharyngeal Hemorrhage (Primary Or Secondary, Eg, Posttonsillectomy); Complicated, Requiring Hospitalization | \$369.29 | |
| 42962 | Control Of Bleeding Of Throat, Complicated | \$527.34 | |
| 42970 | Control Of Bleeding Of Throat With Insertion Of Packing, Uncomplicated | \$361.67 | |
| 42971 | Control Of Nasopharyngeal Hemorrhage (Primary Or Secondary, Eg, Postadenoidectomy); Complicated, Requiring Hospitalization | \$419.57 | |
| 42972 | Control Of Bleeding Of Throat With Insertion Of Packing, Complicated | \$470.67 | |
| 42975 | Evaluation Of Sleep-Disordered Breathing By Examination Of Upper Airway Using An Endoscope | \$82.96 | |
| 42999 | Throat, Adenoids, Or Tonsils Procedure | Price By Report | |
| 43020 | Removal Of Foreign Body In Esophagus, Cervical Approach | \$509.12 | |
| 43030 | Incision Of Muscle At Upper Esophagus (Cricopharyngeal Muscle) | \$481.27 | |
| 43045 | Removal Of Foreign Body In Esophagus, With Removal Of Foreign Body | \$1,146.92 | |
| 43100 | Removal Of Growth Of Esophagus, Cervical Approach | \$585.99 | |
| 43101 | Removal Of Growth Of Esophagus, Thoracic Or Abdominal Approach | \$885.23 | |
| 43107 | Removal Of Esophagus, Without Open Chest Procedure | \$2,599.55 | |
| 43108 | Removal Of Esophagus, Without Open Chest Procedure, Including Intestine Repair | \$3,849.08 | |
| 43112 | Removal Of Esophagus, Open Chest Procedure | \$3,021.09 | |
| 43113 | Removal Of Esophagus, Open Chest Procedure, Including Intestine Repair | \$3,765.93 | |
| 43116 | Partial Esophagectomy, Cervical, With Free Intestinal Graft, Including Microvascular Anastomosis, Obtaining The Graft And Intestinal Reconstruction | \$4,301.57 | |
| 43117 | Partial Esophagectomy, Distal Two-Thirds, With Thoracotomy And Separate Abdominal Incision, With Or Without Proximal Gastrectomy; With Thoracic Esophagogastrotomy, With Or Without Pyloroplasty (Ivor Lewis) | \$2,837.14 | |
| 43118 | Partial Removal Of Lower Esophagus, Open Chest And Abdominal Procedure | \$3,142.45 | |
| 43121 | Partial Removal Of Lower Esophagus, Open Chest Procedure | \$2,485.09 | |
| 43122 | Partial Removal Of Lower Esophagus, Open Chest And Abdominal Procedure Or Open Abdominal Procedure | \$2,491.89 | |
| 43123 | Partial Esophagectomy, Thoracoabdominal Or Abdominal Approach, With Or Without Proximal Gastrectomy; With Colon Interposition Or Small Intestine Reconstruction, Including Intestine Mobilization, Preparation, And Anastomosis(Es) | \$3,903.19 | |
| 43124 | Total Or Partial Esophagectomy, Without Reconstruction (Any Approach), With Cervical Esophagostomy | \$3,307.04 | |
| 43130 | Removal Of Defect In Wall Of Esophagus, Cervical Approach | \$722.10 | |
| 43135 | Removal Of Defect In Wall Of Esophagus, Thoracic Approach | \$1,282.44 | |
| 43180 | Removal Of Esophagus Tissue Using An Endoscope | \$500.41 | |
| 43191 | Diagnostic Examination Of Esophagus Using An Rigid Endoscope Through The Mouth | \$106.80 | |
| 43192 | Injections Of Substance In Tissue Lining Of Esophagus Using An Endoscope | \$154.32 | |
| 43193 | Biopsy Of Esophagus Using A Rigid Endoscope Through The Mouth | \$153.99 | |
| 43194 | Removal Of Foreign Bodies Of Esophagus Using An Endoscope | \$136.07 | |
| 43195 | Balloon Dilation Of Esophagus Using A Rigid Endoscope | \$167.74 | |
| 43196 | Insertion Of Wire And Dilation Of Esophagus Using An Endoscope | \$178.42 | |
| 43197 | Diagnostic Examination Of Esophagus Using An Flexible Endoscope Through The Nose | \$171.51 | |
| 43198 | Biopsy Of Esophagus Using A Flexible Endoscope Through The Nose | \$203.96 | |
| 43200 | Diagnostic Examination Of Esophagus Using An Flexible Endoscope Through The Mouth | \$200.41 | |
| 43201 | Injections Into Esophagus Using An Endoscope | \$254.65 | |
| 43202 | Biopsy Of Esophagus Using A Flexible Endoscope Through The Mouth | \$261.88 | |
| 43204 | Injection Of Dilated Esophageal Veins Using An Endoscope | \$123.51 | |
| 43205 | Tying Of Esophageal Veins Using An Endoscope | \$128.75 | |
| 43206 | Microscopic Examination Of Esophagus Using An Endoscope | \$296.84 | |
| 43210 | Diagnostic Examination Of Esophagus, Stomach, And/OR Upper Small Bowel With Repair Of Muscle At Esophagus And Stomach Using An Endoscope | \$386.27 | |
| 43211 | Removal Of Tissue Lining Of Esophagus Using An Endoscope | \$214.40 | |
| 43212 | Placement Of Stent On Esophagus Using An Endoscope | \$169.32 | |
| 43213 | Dilation Of Esophagus Using An Endoscope | \$1,248.26 | |
| 43214 | Balloon Dilation Of Esophagus Using A Flexible Endoscope, Large Size | \$175.37 | |
| 43215 | Removal Of Foreign Bodies In Esophagus Using An Endoscope | \$294.87 | |
| 43216 | Removal Of Esophageal Polyps Or Growths Using An Endoscope With Electrical Cautery | \$409.99 | |
| 43217 | Removal Of Esophageal Polyps Or Growths Using An Endoscope With Mechanical Snare | \$417.21 | |
| 43220 | Balloon Dilation Of Esophagus Using A Flexible Endoscope | \$674.30 | |
| 43226 | Insertion Of Guide Wire For Dilation Of Esophagus Using An Endoscope | \$380.80 | |
| 43227 | Control Of Esophageal Bleeding Using An Endoscope | \$597.42 | |
| 43229 | Destruction Of Growths Of Esophagus Using An Endoscope | \$715.61 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 43231 | Ultrasound Examination Of Esophagus Using An Endoscope | \$145.55 | |
| 43232 | Ultrasound Guided Fine Needle Aspiration Or Biopsy Of Esophagus Using An Endoscope | \$182.33 | |
| 43233 | Balloon Dilation Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$193.92 | |
| 43235 | Diagnostic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$337.21 | |
| 43236 | Injections Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$379.98 | |
| 43237 | Ultrasound Examination Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$198.95 | |
| 43238 | Ultrasound Guided Needle Aspiration Or Biopsies Of Esophagus Using An Endoscope | \$235.92 | |
| 43239 | Biopsy Of The Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$376.26 | |
| 43240 | Drainage Of Cyst Of The Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$357.58 | |
| 43241 | Insertion Of Catheter Or Tube In Esophagus Stomach And/Or Upper Small Bowel Using An Endoscope | \$144.17 | |
| 43242 | Ultrasound Guided Needle Aspiration Or Biopsy Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$267.09 | |
| 43243 | Injection Of Dilated Veins Of Stomach And/Or Esophagus Using An Endoscope | \$215.95 | |
| 43244 | Tying Of Dilated Veins Of Stomach And/Or Esophagus Using An Endoscope | \$249.02 | |
| 43245 | Dilation Of Stomach Outlet Using An Endoscope | \$437.25 | |
| 43246 | Insertion Of Stomach Tube Using An Endoscope | \$200.96 | |
| 43247 | Removal Of Foreign Bodies Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$316.21 | |
| 43248 | Insertion Of Guide Wire With Dilation Of Esophagus Using An Endoscope | \$299.65 | |
| 43249 | Balloon Dilation Of Esophagus, Stomach And Upper Small Bowel Using A Flexible Endoscope | \$813.03 | |
| 43250 | Removal Of Polyps Or Growths Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope With Electrical Cautery | \$447.89 | |
| 43251 | Removal Of Polyps Or Growths Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope Using A Mechanical Snare | \$371.67 | |
| 43252 | Microscopic Examination Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$330.56 | |
| 43253 | Injection Of Diagnostic Or Therapeutic Substances Or Markers In Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$225.06 | |
| 43254 | Removal Of Tissue Lining Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$247.05 | |
| 43255 | Control Of Bleeding Of Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$506.18 | |
| 43257 | Heat Delivery To Muscle At Esophagus And/Or Stomach To Treat Gastric Reflux Using An Endoscope | \$211.73 | |
| 43259 | Ultrasound Examination Of Esophagus, Stomach And/Or Upper Small Bowel Using An Endoscope | \$229.49 | |
| 43260 | Diagnostic Examination Of Gallbladder And Pancreatic, Liver, And Bile Ducts Using An Endoscope, Including Collection Of Specimen(S) | \$327.23 | |
| 43261 | Biopsy Of Gallbladder, Pancreatic, Liver, And Bile Ducts Using A Flexible Endoscope Via Mouth | \$343.47 | |
| 43262 | Incision Of Pancreatic Outlet Using A Flexible Endoscope Via Mouth | \$362.75 | |
| 43263 | Pressure Measurement Of Pancreatic Or Bile Duct Sphincter Using A Flexible Endoscope Via Mouth | \$326.48 | |
| 43264 | Removal Of Stone Or Debris From Bile Or Pancreatic Duct Using A Flexible Endoscope Via Mouth | \$369.30 | |
| 43265 | Destruction Of Stone In Bile Or Pancreatic Duct Using A Flexible Endoscope Via Mouth | \$439.99 | |
| 43266 | Placement Of Stent In Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$192.76 | |
| 43270 | Destruction Of Growths On Esophagus, Stomach, And/Or Upper Small Bowel Using An Endoscope | \$624.53 | |
| 43273 | Endoscopic Cannulation Of Papilla With Direct Visualization Of Common Bile Duct(S) And/Or Pancreatic Duct(S) (List Separately In Addition To Code(S) For Primary Procedure) | \$120.89 | |
| 43274 | Insertion Of Stent Into Pancreatic Or Bile Duct Using A Flexible Endoscope Via Mouth | \$399.64 | |
| 43275 | Removal Of Stent From Pancreatic Or Bile Duct Using A Flexible Endoscope Via Mouth | \$381.66 | |
| 43276 | Replacement Of Stent In Pancreatic Or Bile Duct Using A Flexible Endoscope Via Mouth | \$415.83 | |
| 43277 | Balloon Dilation Of Pancreatic Or Bile Duct Or Sphincter Using A Flexible Endoscope Via Mouth | \$331.68 | |
| 43278 | Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Gallbladder And/Or Bile Ducts Using A Flexible Endoscope Via Mouth | \$395.35 | |
| 43279 | Laparoscopy, Surgical, Esophagomyotomy (Heller Type), With Fundoplasty, When Performed | \$1,134.81 | |
| 43280 | Laparoscopy, Surgical, Esophagogastric Fundoplasty (Eg, Nissen, Toupet Procedures) | \$1,062.39 | |
| 43281 | Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; Without Implantation Of Mesh | \$1,508.81 | |
| 43282 | Laparoscopy, Surgical, Repair Of Paraesophageal Hernia, Includes Fundoplasty, When Performed; With Implantation Of Mesh | \$1,695.16 | |
| 43283 | Laparoscopy, Surgical, Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) | \$137.46 | |
| 43284 | Insertion Of Augmentation Device In Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth | \$582.93 | |
| 43285 | Removal Of Augmentation Device From Sphincter Of Esophagus Using A Flexible Endoscope Via Mouth | \$599.55 | |
| 43286 | Removal Of Esophagus And Partial Removal Of Stomach Using An Endoscope | \$2,782.89 | |
| 43287 | Removal Of Lower Esophagus And Partial Removal Of Stomach Using An Endoscope | \$3,095.69 | |
| 43288 | Removal Of Esophagus Using An Endoscope | \$3,269.97 | |
| 43289 | Unlisted Laparoscopy Procedure, Esophagus | Price By Report | |
| 43290 | Placement Of Balloon In Stomach For Weight Loss Using Flexible Endoscope | \$2,451.58 | |
| 43291 | Removal Of Balloon In Stomach For Weight Loss Using Flexible Endoscope | \$415.73 | |
| 43300 | Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Cervical Approach | \$577.26 | |
| 43305 | Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Cervical Approach | \$1,003.72 | |
| 43310 | Repair Of Esophageal Defect Without Repair Of Abnormal Drainage Tract, Thoracic Approach | \$1,294.77 | |
| 43312 | Repair Of Esophageal Defect With Repair Of Abnormal Drainage Tract, Thoracic Approach | \$1,378.69 | |
| 43313 | Tracheoesophageal Fistula | \$2,562.41 | |
| 43314 | Fistula | \$2,742.94 | |
| 43320 | Repair Of Muscle At Lower Esophagus And Stomach Through The Abdomen | \$1,238.80 | |
| 43325 | Repair Of Muscle At Lower Esophagus And Stomach, With Patch | \$1,205.26 | |
| 43327 | Repair Of Muscle At Lower Esophagus And Stomach, Laparotomy | \$809.53 | |
| 43328 | Repair Of Muscle At Lower Esophagus And Stomach, Thoracotomy | \$981.90 | |
| 43330 | Repair Of Esophagus, Abdominal Approach | \$1,185.91 | |
| 43331 | Repair Of Esophagus, Thoracic Approach | \$1,174.51 | |
| 43332 | Repair Of Paraesophageal Hernia Via Laparotomy, Without Mesh Implant | \$1,130.38 | |
| 43333 | Repair Of Paraesophageal Hernia Via Laparotomy, With Mesh Implant | \$1,233.46 | |
| 43334 | Repair Of Paraesophageal Hernia Via Thoracotomy, Without Mesh Implant | \$1,087.77 | |
| 43335 | Repair Of Paraesophageal Hernia Via Thoracotomy, With Mesh Implant | \$1,292.29 | |
| 43336 | Repair Of Paraesophageal Hernia Via Abdominal Incision, Without Mesh Implant | \$1,265.40 | |
| 43337 | Repair Of Paraesophageal Hernia Via Abdominal Incision, With Mesh Implant | \$1,347.56 | |
| 43338 | Esophageal Lengthening Procedure (Eg, Collis Gastroplasty Or Wedge Gastroplasty) (List Separately In Addition To Code For Primary Procedure) | \$99.00 | |
| 43340 | Partial Removal Of Esophagus And Stomach, Abdominal Approach | \$1,145.46 | |
| 43341 | Partial Removal Of Esophagus And Stomach, Thoracic Approach | \$1,226.97 | |
| 43351 | Relocation Of Esophagus, Thoracic | \$1,160.79 | |
| 43352 | Relocation Of Esophagus, Cervical | \$939.70 | |
| 43360 | Reconnection Of Esophagus To Stomach After Previous Partial Removal Or Bypass Of Esophagus | \$1,960.86 | |
| 43361 | Reconnection Of Esophagus To Stomach After Previous Partial Removal Or Bypass Of Esophagus, With Insertion Of Portion Of Intestine | \$2,380.14 | |
| 43400 | Ligation, Direct, Esophageal Varices | \$1,348.50 | |
| 43405 | Ligation Or Stapling At Gastroesophageal Junction For Pre-Existing Esophageal Perforation | \$1,280.54 | |
| 43410 | Suture Of Wound Or Injury To Esophagus, Cervical Approach | \$946.05 | |
| 43415 | Suture Of Wound Or Injury To Esophagus, Thoracic Or Abdominal Approach | \$2,240.58 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 43420 | Repair Of Abnormal Drainage Tract Of Esophagus, Cervical Approach | \$932.56 | |
| 43425 | Repair Of Abnormal Drainage Tract Of Esophagus, Thoracic Or Abdominal Approach | \$1,181.36 | |
| 43450 | Dilation Of Esophagus Unguided | \$183.75 | |
| 43453 | Dilation Of Esophagus With A Guided Wire | \$820.92 | |
| 43460 | Esophagogastric Tamponade, With Balloon (Sengstaken Type) | \$194.00 | |
| 43496 | Free Jejunum Transfer With Microvascular Anastomosis | \$1,798.86 | |
| 43497 | Incision Of Muscle Of Lower Esophagus Using An Endoscope | \$679.30 | |
| 43499 | Unlisted Procedure, Esophagus | Price By Report | |
| 43500 | Gastrotomy With Exploration Or Foreign Body Removal; | \$701.35 | |
| 43501 | Gastrotomy; With Suture Repair Of Bleeding Ulcer | \$1,197.58 | |
| 43502 | Gastrotomy; With Suture Repair Of Pre-Existing Esophagogastric Laceration (Eg, Mallory-Weiss) | \$1,351.68 | |
| 43510 | Gastrotomy; With Esophageal Dilation And Insertion Of Permanent Intraluminal Tube (Eg, Celestin Or Mousseaux-Barbin) | \$847.52 | |
| 43520 | Pyloromyotomy, Cutting Of Pyloric Muscle (Fredet-Ramstedt Type Operation) | \$688.65 | |
| 43605 | Biopsy Of Stomach, By Laparotomy | \$746.57 | |
| 43610 | Excision, Local; Ulcer Or Benign Tumor Of Stomach | \$815.96 | |
| 43611 | Excision, Local; Malignant Tumor Of Stomach | \$1,086.07 | |
| 43620 | Gastrectomy, Total; With Esophagoenterostomy | \$1,750.51 | |
| 43621 | Gastrectomy, Total; With Roux-En-Y Reconstruction | \$2,002.72 | |
| 43622 | Gastrectomy, Total; With Formation Of Intestinal Pouch, Any Type | \$2,036.45 | |
| 43631 | Partial Removal Of Stomach, With Gastroduodenostomy | \$1,361.01 | |
| 43632 | Partial Removal Of Stomach, With Gastrojejunostomy | \$1,682.61 | |
| 43633 | Gastrectomy, Partial, Distal; With Roux-En-Y Reconstruction | \$1,697.85 | PA Required |
| 43634 | Partial Removal Of Stomach With Creation Of Pouch | \$1,874.52 | |
| 43635 | Vagotomy When Performed With Partial Distal Gastrectomy (List Separately In Addition To Code(S) For Primary Procedure) | \$109.14 | |
| 43640 | Vagotomy And Pyloroplasty, With Or Without Gastrostomy | \$1,059.05 | |
| 43641 | Vagotomy Including Pyloroplasty, With Or Without Gastrostomy; Parietal Cell (Highly Selective) | \$1,070.97 | |
| 43644 | Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Roux-En-Y Gastroenterostomy (Roux Limb 150 Cm Or Less) | \$1,784.91 | PA Required |
| 43645 | Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Small Intestine Reconstruction To Limit Absorption | \$1,907.51 | PA Required |
| 43647 | Laparoscopy, Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum | \$1,242.70 | PA Required |
| 43648 | Laparoscopy, Surgical; Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum | \$659.57 | PA Required |
| 43651 | Laparoscopy, Surgical; Transection Of Vagus Nerves, Truncal | \$588.16 | |
| 43652 | Laparoscopy, Surgical; Transection Of Vagus Nerves, Selective Or Highly Selective | \$683.76 | |
| 43653 | Creation Of Surgical Opening From Stomach To Skin (Gastrostomy) Using An Endoscope | \$571.81 | |
| 43659 | Unlisted Laparoscopy Procedure, Stomach | Price By Report | PA Required |
| 43752 | Insertion Of Stomach Tube Through Nose Or Mouth Using Fluoroscopic Guidance | \$40.74 | |
| 43753 | Insertion Of Stomach Tube And Aspirations Of Gastric Contents | \$21.48 | |
| 43754 | Gastric Intubation And Aspiration, Diagnostic; Single Specimen (Eg, Acid Analysis) | \$225.15 | |
| 43755 | Diagnostic Insertion Of Stomach Tube And Multiple Aspirations Of Stomach Contents After Administration Of Drugs To Stimulate Stomach Secretions | \$201.61 | |
| 43756 | Diagnostic Insertion Of Tube Into Upper Small Bowel And Specimen Collection Using Imaging Guidance | \$281.61 | |
| 43757 | Diagnostic Insertion Of Tube Into Upper Small Bowel And Specimen Collection Using Imaging Guidance After Administration Of Drugs To Stimulate Pancreatic Or Gallbladder Secretions | \$376.46 | |
| 43761 | Repositioning Of Stomach Feeding Tube Inserted Through Nose Or Mouth | \$126.49 | |
| 43762 | Replacement Of Stomach Stoma Tube Accessed Through Skin | \$245.76 | |
| 43763 | Replacement Of Stomach Stoma Tube Accessed Through Skin With Revision Of Stoma Opening | \$340.65 | |
| 43770 | Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable Gastric Restrictive Device (Eg, Gastric Band And Subcutaneous Port Components) | \$1,005.69 | PA Required |
| 43771 | Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustable Gastric Restrictive Device Component Only | \$1,138.56 | PA Required |
| 43772 | Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device Component Only | \$844.94 | PA Required |
| 43773 | Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement Of Adjustable Gastric Restrictive Device Component Only | \$1,138.56 | PA Required |
| 43774 | Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gastric Restrictive Device And Subcutaneous Port Components | \$854.54 | PA Required |
| 43775 | Laparoscopy, Surgical, Gastric Restrictive Procedure; Longitudinal Gastrectomy (Ie, Sleeve Gastrectomy) | \$1,079.18 | PA Required |
| 43800 | Pyloroplasty | \$701.09 | |
| 43810 | Gastroduodenostomy | \$903.08 | |
| 43820 | Partial Removal Of Stomach, Without Vagotomy | \$1,118.57 | |
| 43825 | Gastrojejunostomy; With Vagotomy, Any Type | \$1,164.18 | |
| 43830 | Insertion Of Stomach Feeding Tube, Open Procedure, Without Construction Of Gastric Tube | \$505.75 | |
| 43831 | Insertion Of Stomach Feeding Tube, Open Procedure For Newborn Feeding | \$553.43 | |
| 43832 | Creation Of Stomach Feeding Tube, Open Procedure | \$928.59 | |
| 43840 | Suture Of Perforated Ulcer, Wound, Or Injury Of Stomach Or Upper Small Bowel | \$885.40 | |
| 43842 | Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Vertical-Banded Gastroplasty | \$1,375.25 | PA Required |
| 43843 | Gastric Restrictive Procedure, Without Gastric Bypass, For Morbid Obesity; Other Than Vertical-Banded Gastroplasty | \$1,141.33 | PA Required |
| 43845 | Partial Removal Of Stomach, With Partial Gastrectomy | \$2,008.36 | PA Required |
| 43846 | Partial Removal Of Stomach, With Gastroenterostomy | \$1,466.12 | PA Required |
| 43847 | Partial Removal Of Stomach, With Small Intestine Repair | \$1,603.25 | PA Required |
| 43848 | Revision Of Upper Stomach Bypass, Open Procedure | \$1,710.14 | PA Required |
| 43860 | Revision Of Attachment Of Stomach To Small Bowel, Without Vagotomy | \$1,275.45 | |
| 43865 | Revision Of Attachment Of Stomach To Small Bowel, With Vagotomy | \$1,512.20 | |
| 43870 | Closure Of Surgically Created Opening From Stomach To Skin (Gastrostomy) | \$529.61 | |
| 43880 | Closure Of Gastrocolic Fistula | \$1,420.37 | |
| 43881 | Replacement Of Stimulator Electrodes In Upper Stomach, Open Procedure | \$901.97 | PA Required |
| 43882 | Removal Of Stimulator Electrodes In Upper Stomach, Open Procedure | \$1,291.70 | PA Required |
| 43886 | Revision Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure | \$336.05 | PA Required |
| 43887 | Removal Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure | \$322.18 | PA Required |
| 43888 | Replacement Of Port Beneath Skin For Saline Injection Into Stomach Banding Device, Open Procedure | \$422.05 | PA Required |
| 43999 | Unlisted Procedure, Stomach | Price By Report | |
| 44005 | Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) | \$985.82 | |
| 44010 | Duodenotomy | \$776.34 | |
| 44015 | Tube Or Needle Catheter Jejunostomy For Enteral Alimentation, Intraoperative, Any Method (List Separately In Addition To Primary Procedure) | \$137.42 | |
| 44020 | Incision Of Small Bowel For Exploration, Biopsy, Or Foreign Body Removal | \$811.22 | |
| 44021 | Enterotomy, Small Bowel, Other Than Duodenum; For Decompression (Eg, Baker Tube) | \$864.11 | |
| 44025 | Enterotomy With Exploration Or Foreign Body Removal; Large Bowel | \$877.32 | |
| 44050 | Reduction Of Volvulus, Intussusception, Internal Hernia, By Laparotomy | \$768.22 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 44055 | Correction Of Malrotation By Lysis Of Duodenal Bands And/Or Reduction Of Midgut Volvulus (Eg, Ladd Procedure) | \$1,492.64 | |
| 44100 | Biopsy Of Small Bowel By Capsule Attached To Tube Passed Through Mouth | \$97.67 | |
| 44110 | Excision Of One Or More Lesions Of Small Or Large Intestine Not Requiring Anastomosis, Exteriorization, Or Fistulization; Single Enterotomy | \$762.13 | |
| 44111 | Excision Of One Or More Lesions Of Small Or Large Bowel Not Requiring Anastomosis, Exteriorization, Or Fistulization; Multiple Enterotomies | \$875.86 | |
| 44120 | Partial Removal Of Small Bowel, Single Resection And Connection | \$1,057.35 | |
| 44121 | Partial Removal Of Small Bowel, Each Additional Resection And Connection | \$234.52 | |
| 44125 | Enterectomy, Resection Of Small Intestine, With Enterostomy | \$1,031.56 | |
| 44126 | Partial Removal Of Small Bowel To Correct Congenital Defect, Single Resection And Connection, Without Tapering | \$2,520.72 | |
| 44127 | Partial Removal Of Small Bowel To Correct Congenital Defect, Single Resection And Connection, With Tapering | \$2,923.62 | |
| 44128 | Partial Removal Of Small Bowel To Correct Congenital Defect, Single Resection And Connection, Each Additional Resection And Connection | \$211.75 | |
| 44130 | Enterointerostomy, Anastomosis Of Intestine, With Or Without Cutaneous Enterostomy (Separate Procedure) | \$199.31 | |
| 44133 | Partial Removal Of Donor Small Bowel For Transplantation, Open Procedure | Price By Report | PA Required |
| 44136 | Intestinal Allograft Transplantation; From Living Donor | Price By Report | PA Required |
| 44137 | Removal Of Transplanted Intestinal Allograft, Complete | \$1,352.27 | |
| 44139 | Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure) | \$117.86 | |
| 44140 | Partial Removal Of Large Bowel, With Connection | \$1,325.64 | |
| 44141 | Colectomy, Partial; With Skin Level Cecostomy Or Colostomy | \$1,446.47 | |
| 44143 | Colectomy, Partial; With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) | \$1,315.90 | |
| 44144 | Colectomy, Partial; With Resection, With Colostomy Or Ileostomy And Creation Of Mucocystula | \$1,393.77 | |
| 44145 | Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis) | \$1,524.86 | |
| 44146 | Colectomy, Partial; With Coloproctostomy (Low Pelvic Anastomosis), With Colostomy | \$1,755.32 | |
| 44147 | Partial Removal Of Large Bowel, Abdominal And Transanal Approach | \$1,711.89 | |
| 44150 | Colectomy, Total, Abdominal, With Ileostomy Or Ileoproctostomy; Without Proctectomy | \$1,562.47 | |
| 44151 | Colectomy, Total, Abdominal, Without Proctectomy; With Continent Ileostomy | \$1,912.60 | |
| 44155 | Removal Of Large Bowel And Rectum And Creation Of Opening From End Of Small Intestine Through Wall Of Abdomen | \$1,693.78 | |
| 44156 | Removal Of Large Bowel And Rectum And Creation Of Opening From End Of Small Intestine Through Wall Of Abdomen, With Small Intestinal Reservoir For Feces | \$2,045.75 | |
| 44157 | Colectomy, Total, Abdominal, With Proctectomy; With Ileoanal Anastomosis, Includes Loop Ileostomy, And Rectal Mucosectomy, When Performed | \$1,941.03 | |
| 44158 | Removal Of Large Bowel And Rectum With Attachment Of Small Bowel To Anus And Creation Of Small Bowel Reservoir | \$1,988.76 | |
| 44160 | Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy | \$1,228.00 | |
| 44180 | Laparoscopy, Surgical, Enterolysis (Freeing Of Intestinal Adhesion) (Separate Procedure) | \$945.42 | |
| 44186 | Creation Of Small Bowel Opening Using An Endoscope For Decompression Or Feeding | \$667.83 | |
| 44187 | Creation Of Small Bowel Opening Using An Endoscope, Non-Tube | \$1,128.38 | |
| 44188 | Laparoscopy, Surgical, Colostomy Or Skin Level Cecostomy | \$1,248.81 | |
| 44202 | Partial Removal Of Small Bowel Using An Endoscope, Single Resection And Connection | \$1,426.45 | |
| 44203 | Partial Removal Of Small Bowel Using An Endoscope, Each Additional Resection And Connection | \$233.68 | |
| 44204 | Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis | \$1,592.28 | |
| 44205 | Laparoscopy, Surgical; Colectomy, Partial, With Removal Of Terminal Ileum With Ileocolostomy | \$1,387.76 | |
| 44206 | Laparoscopy, Surgical; Colectomy, Partial, With End Colostomy And Closure Of Distal Segment (Hartmann Type Procedure) | \$1,810.41 | |
| 44207 | Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) | \$1,898.04 | |
| 44208 | Laparoscopy, Surgical; Colectomy, Partial, With Anastomosis, With Coloproctostomy (Low Pelvic Anastomosis) With Colostomy | \$1,763.91 | |
| 44210 | Laparoscopy, Surgical; Colectomy, Total, Abdominal, Without Proctectomy, With Ileostomy Or Ileoproctostomy | \$1,590.83 | |
| 44211 | Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileoanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With Loop Ileostomy, Includes Rectal Mucosectomy, When Performed | \$1,923.92 | |
| 44212 | Laparoscopy, Surgical; Colectomy, Total, Abdominal, With Proctectomy, With Ileostomy | \$2,129.45 | |
| 44213 | Laparoscopy, Surgical, Mobilization (Take-Down) Of Splenic Flexure Performed In Conjunction With Partial Colectomy (List Separately In Addition To Primary Procedure) | \$183.50 | |
| 44227 | Laparoscopy, Surgical, Closure Of Enterostomy, Large Or Small Intestine, With Resection And Anastomosis | \$1,725.79 | |
| 44238 | Unlisted Laparoscopy Procedure, Intestine (Except Rectum) | \$4,716.58 | |
| 44300 | Insertion Of Small Bowel Tube, Open Procedure | \$749.63 | |
| 44310 | Ileostomy Or Jejunostomy, Non-Tube | \$959.09 | |
| 44312 | Release Of Superficial Scar Tissue From Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy) | \$396.02 | |
| 44314 | Revision Of Ileostomy; Complicated (Reconstruction In-Depth) (Separate Procedure) | \$662.53 | |
| 44316 | Continent Ileostomy (Kock Procedure) (Separate Procedure) | \$1,254.42 | |
| 44320 | Colostomy Or Skin Level Cecostomy; | \$785.75 | |
| 44322 | Colostomy Or Skin Level Cecostomy; With Multiple Biopsies (Eg, For Congenital Megacolon) (Separate Procedure) | \$853.71 | |
| 44340 | Release Of Superficial Scar Tissue From Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) , Simple | \$415.47 | |
| 44345 | Reconstruction Of Large Bowel Opening, Complicated | \$941.19 | |
| 44346 | Revision Of Colostomy; With Repair Of Paracolostomy Hernia (Separate Procedure) | \$1,056.56 | |
| 44360 | Diagnostic Examination Of Small Bowel, Not Including Lower Small Intestine (Ileum), Using An Endoscope | \$145.85 | |
| 44361 | Biopsy Of Small Bowel Except The Ileum Using An Endoscope | \$161.25 | |
| 44363 | Removal Of Foreign Bodies From Small Bowel Not Including Lower Small Intestine (Ileum) | \$194.60 | |
| 44364 | Removal Of Small Bowel Polyps Or Growths Using An Endoscope, With An Electrical Cautery | \$186.69 | |
| 44365 | Removal Of Small Bowel Polyps Or Growths Using An Endoscope, With A Mechanical Snare | \$166.39 | |
| 44366 | Small Intestinal Endoscopy, Enteroscopy Beyond Second Portion Of Duodenum, Not Including Ileum; With Control Of Bleeding (Eg, Injection, Bipolar Cautery, Unipolar Cautery, Laser, Heater Probe, Stapler, Plasma Coagulator) | \$243.32 | |
| 44369 | Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Small Bowel Not Including Lower Small Intestine (Ileum) Using An Endoscope | \$249.39 | |
| 44370 | Insertion Of Small Bowel Stent Using An Endoscope Above The Lower Small Bowel | \$243.65 | |
| 44372 | Insertion Of Tube Into Middle Small Intestine (Jejunum), Accessed Through The Skin, Using An Endoscope | \$217.50 | |
| 44373 | Convert Stomach Tube To Tube In Middle Small Intestine (Jejunum), Accessed Through The Skin, Using An Endoscope | \$174.50 | |
| 44376 | Diagnostic Examination Of Small Bowel Including Lower Small Intestine (Ileum) With Collection Of Specimens By Brushing Or Washing, Using An Endoscope | \$259.80 | |
| 44377 | Biopsy Of Small Bowel Including The Ileum Using An Endoscope | \$273.01 | |
| 44378 | Control Of Bleeding Of Small Bowel Including Lower Small Intestine (Ileum) With Biopsies, Using An Endoscope | \$351.47 | |
| 44379 | Insertion Of Small Bowel Stent Using An Endoscope Below The Lower Small Bowel | \$373.73 | |
| 44380 | Diagnostic Examination Of Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy) | \$214.92 | |
| 44381 | Balloon Dilation Of Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy) | \$991.31 | |
| 44382 | Biopsies Of Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy) | \$219.71 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 44384 | Insertion Of Stent Into Small Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Lower Small Bowel From Body Wall (Ileostomy) | \$140.34 | |
| 44385 | Diagnostic Examination Of Surgically Created Pouch Of Small Bowel Including Lower Small Intestine (Ileum) Using An Endoscope | \$154.42 | |
| 44386 | Biopsy Of Small Bowel Pouch Using An Endoscope | \$227.58 | |
| 44388 | Diagnostic Examination Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$339.71 | |
| 44389 | Biopsies Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$445.90 | |
| 44390 | Removal Of Foreign Bodies From Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$393.71 | |
| 44391 | Control Of Bleeding Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$635.86 | |
| 44392 | Removal Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel By Hot Biopsy Forceps, Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$372.39 | |
| 44394 | Removal Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel By Snare, Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$473.73 | |
| 44401 | Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel, Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$2,447.91 | |
| 44402 | Insertion Of Stent Into Large Bowel, Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$239.07 | |
| 44403 | Removal Of Lining Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$277.59 | |
| 44404 | Injections Beneath Lining Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$415.61 | |
| 44405 | Balloon Dilation Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$555.02 | |
| 44406 | Ultrasound Examination Of Large Bowel Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$209.60 | |
| 44407 | Fine Needle Aspirations And/Or Biopsies Of Large Bowel With Ultrasound Guidance, Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$251.62 | |
| 44408 | Decompression Of Large Bowel With Ultrasound Guidance, Using An Endoscope Inserted Through Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$211.35 | |
| 44500 | Dilation Of Stomach And/Or Bowels Using Long Gastrointestinal Tube | \$19.76 | |
| 44602 | Suture Of Small Bowel For Perforated Ulcer, Pouch, Wound, Injury Or Rupture | \$912.51 | |
| 44603 | Suture Of Multiple Small Bowel Ulcers, Defects, Wounds, Injuries, Or Rupture | \$1,433.04 | |
| 44604 | Suture Of Large Bowel Ulcer, Defect, Wound, Injury, Or Rupture | \$894.50 | |
| 44605 | Suture Of Large Bowel Ulcer, Defect, Wound, Injury, Or Rupture With Creation Of Opening | \$1,155.89 | |
| 44615 | Intestinal Strictureplasty (Enterotomy And Enterorrhaphy) With Or Without Dilation, For Intestinal Obstruction | \$956.51 | |
| 44620 | Closure Of Enterostomy, Large Or Small Intestine; | \$671.50 | |
| 44625 | Closure Of Enterostomy, Large Or Small Intestine; With Resection And Anastomosis Other Than Colorectal | \$934.87 | |
| 44626 | Closure Of Enterostomy, Large Or Small Intestine; With Resection And Colorectal Anastomosis (Eg, Closure Of Hartmann Type Procedure) | \$1,662.34 | |
| 44640 | Closure Of Intestinal Cutaneous Fistula | \$909.81 | |
| 44650 | Closure Of Enterointeric Or Enterocolic Fistula | \$939.91 | |
| 44660 | Closure Of Abnormal Drainage Tract Of Small Bowel, With Resection | \$1,193.30 | |
| 44661 | Closure Of Enterovesical Fistula; With Intestine And/Or Bladder Resection | \$1,374.53 | |
| 44680 | Intestinal Plication, Complete (Noble Type Operation) (Separate Procedure) | \$955.22 | |
| 44700 | Exclusion Of Small Intestine From Pelvis By Mesh Or Other Prosthesis, Or Native Tissue (Eg, Bladder Or Omentum) | \$901.10 | |
| 44701 | Intraoperative Colonic Lavage (List Separately In Addition To Code For Primary Procedure) | \$148.05 | |
| 44705 | Preparation Of Fecal Microbiota For Instillation, Including Assessment Of Donor Specimen | Price By Report | |
| 44715 | Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft Prior To Transplantation, Including Mobilization And Fashioning Of The Superior Mesenteric Artery And Vein | \$317.89 | |
| 44720 | Reconstruction Of Donor Small Bowel For Transplantation Venous Connection | \$238.76 | |
| 44721 | Reconstruction Of Donor Small Bowel For Transplantation Arterial Connection | \$334.25 | |
| 44799 | Small Bowel Procedure | Price By Report | |
| 44800 | Repair Of Congenital Bowel Defect | \$657.87 | |
| 44820 | Excision Of Lesion Of Mesentery (Separate Procedure) | \$758.63 | |
| 44850 | Suture Of Mesentery (Separate Procedure) | \$671.69 | |
| 44899 | Procedure For Congenital Bowel Defect | Price By Report | |
| 44900 | Drainage Of Abscess Of Appendix, Open Procedure | \$700.29 | |
| 44950 | Appendectomy; | \$635.95 | |
| 44955 | Removal Of Appendix During Other Major Procedure | \$81.55 | |
| 44960 | Appendectomy; For Ruptured Appendix With Abscess Or Generalized Peritonitis | \$850.64 | |
| 44970 | Laparoscopy, Surgical, Appendectomy | \$599.61 | |
| 44979 | Unlisted Laparoscopy Procedure, Appendix | \$1,593.86 | |
| 45000 | Drainage Of Abscess In Pelvic Region Through Rectum | \$391.44 | |
| 45005 | Drainage Of Rectal Abscess, Superficial, Under The Rectal Lining | \$308.29 | |
| 45020 | Incision And Drainage Of Abscess Above Pelvic Floor Or Behind Rectum | \$521.96 | |
| 45100 | Biopsy Of Anal And/Or Rectal Wall Via Anus | \$224.31 | |
| 45108 | Removal Of Muscle In The Anus And Rectum Area | \$338.39 | |
| 45110 | Removal Of Rectum With Creation Of Large Bowel Opening, Open Abdominal And Rectal Procedure | \$1,579.48 | |
| 45111 | Partial Removal Of Rectum, Open Abdominal Procedure | \$978.43 | |
| 45112 | Removal Of Rectum And Suturing Of Large Bowel To Anus, Via Incision Of Abdomen And Region Between Thighs (Combined Abdominoperineal Approach) | \$1,665.30 | |
| 45113 | Proctectomy, Partial, With Rectal Mucosectomy, Ileoanal Anastomosis, Creation Of Ileal Reservoir (S Or J), With Or Without Loop Ileostomy | \$1,698.91 | |
| 45114 | Partial Removal Of Rectum, Abdominal And Transsacral Approach | \$1,606.26 | |
| 45116 | Partial Removal Of Rectum, Abdominal Approach Only | \$1,403.93 | |
| 45119 | Removal Of Rectum With Creation Of Small Intestinal Reservoir For Feces, Via Incision Of Abdomen And Region Between Thighs (Combined Abdominoperineal Approach) | \$1,711.14 | |
| 45120 | Proctectomy, Complete (For Congenital Megacolon), Abdominal And Perineal Approach; With Pull-Through Procedure And Anastomosis (Eg, Swenson, Duhamel, Or Soave Type Operation) | \$1,420.53 | |
| 45121 | Removal Of Congenital Rectal Defect And Large Bowel With Multiple Biopsies, Open Abdominal And Rectal Procedure | \$1,521.95 | |
| 45123 | Partial Removal Of Rectum, Perineal Approach | \$1,148.69 | |
| 45126 | Removal Of Large Bowel, Rectum, Prostate, Urinary Structures And/Or Uterus And Cervix | \$2,468.77 | |
| 45130 | Repair Of Prolapsed Rectum, Perineal Approach | \$979.51 | |
| 45135 | Repair Of Prolapsed Rectum, Abdominal And Perineal Approach | \$1,181.68 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 45136 | Excision Of Ileocolic Reservoir With Ileostomy | \$1,628.89 | |
| 45150 | Incision Of Stricture Of Rectum | \$383.28 | |
| 45160 | Removal Of Rectal Growth Through The Sacrum Or Tail Bone | \$915.01 | |
| 45171 | Removal Of Rectal Growth Through The Anus | \$632.27 | |
| 45172 | Removal Of Rectal Growth Through The Anus With Removal Of A Portion Of The Muscle | \$757.48 | |
| 45190 | Destruction Of Tumor Of Rectum Through Anus | \$653.71 | |
| 45300 | Diagnostic Examination Of Rectum And Lower Large Bowel Using A Rigid Endoscope | \$91.57 | |
| 45303 | Dilation Of Rectum And/Or Lower Large Bowel Using A Rigid Endoscope | \$966.90 | |
| 45305 | Biopsies Of Rectum And/Or Lower Large Bowel Using A Rigid Endoscope | \$176.58 | |
| 45307 | Removal Of Foreign Bodies From Rectum And/Or Lower Large Bowel Using A Rigid Endoscope | \$206.64 | |
| 45308 | Removal Of Polyp Or Growth Of Rectum And Large Bowel Using An Endoscope With An Electrical Cautery | \$198.66 | |
| 45309 | Removal Of Polyp Or Growth Of Rectum And Large Bowel Using An Endoscope With A Mechanical Snare | \$204.65 | |
| 45315 | Removal Of Multiple Tissue Abnormalities, Tumors, Or Polyps Of Lower Large Bowel By Hot Biopsy Forceps, Electric Cautery, Or Snare, Using A Rigid Endoscope | \$219.95 | |
| 45317 | Control Of Bleeding Of Lower Large Bowel Using A Rigid Endoscope | \$165.15 | |
| 45320 | Destruction Of Multiple Tissue Abnormalities, Tumors, Or Polyps Of Lower Large Bowel Using A Rigid Endoscope | \$216.03 | |
| 45321 | Release Of Twisted Lower Large Bowel Using A Rigid Endoscope | \$91.32 | |
| 45327 | Insertion Of Stent Into Lower Large Bowel Using A Rigid Endoscope | \$103.12 | |
| 45330 | Diagnostic Examination Of The Lower Portion Of The Large Bowel Using An Endoscope | \$141.00 | |
| 45331 | Biopsy Of The Lower Large Bowel Using An Endoscope (Sigmoidoscopy) | \$210.13 | |
| 45332 | Removal Of Foreign Bodies In Lower Portion Of The Large Bowel (Colon) Using An Endoscope (Colonoscopy) | \$249.59 | |
| 45333 | Removal Of Polyps Or Growths In Upper Large Bowel Using An Endoscope (Sigmoidoscopy) Using Electric Cautery | \$327.88 | |
| 45334 | Control Of Bleeding In Lower Large Bowel Using An Endoscope | \$365.00 | |
| 45335 | Injections Beneath Lining Of Lower Large Bowel, Using A Flexible Endoscope | \$291.76 | |
| 45337 | Decompression Of Twisted Or Abnormally Dilated Lower Large Bowel, Using A Flexible Endoscope | \$104.55 | |
| 45338 | Placement Of Drainage Catheter Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation | \$269.44 | |
| 45340 | Balloon Dilation Of Lower Large Bowel, Using A Flexible Endoscope | \$464.14 | |
| 45341 | Ultrasound Examination Of Lower Large Bowel, Using A Flexible Endoscope | \$113.59 | |
| 45342 | Fine Needle Aspirations And/Or Biopsies Of Lower Large Bowel With Ultrasound Guidance, Using A Flexible Endoscope | \$155.16 | |
| 45346 | Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Lower Large Bowel Using A Flexible Endoscope | \$2,374.38 | |
| 45347 | Insertion Of Stent Into Lower Large Bowel, Using A Flexible Endoscope | \$140.87 | |
| 45349 | Removal Of Lower Portion Of The Large Bowel Tissue Using An Endoscope (Sigmoidoscopy) | \$181.14 | |
| 45350 | Banding Of Hemorrhoids Using A Flexible Endoscope (Sigmoidoscopy) | \$505.29 | |
| 45378 | Diagnostic Examination Of The Colon (Large Bowel) Using An Endoscope(Colonoscopy); High Risk | \$365.51 | |
| 45379 | Removal Of Foreign Bodies In Large Bowel (Colon) Using An Endoscope (Colonoscopy) | \$422.21 | |
| 45380 | Biopsy Of The Large Bowel Using An Endoscope (Colonoscopy) | \$473.55 | |
| 45381 | Injections Beneath Lining Of Large Bowel, Using A Flexible Endoscope | \$474.47 | |
| 45382 | Control Of Bleeding In Upper Large Bowel Using An Endoscope | \$485.33 | |
| 45384 | Removal Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel By Hot Biopsy Forceps, Using A Flexible Endoscope | \$511.50 | |
| 45385 | Removal Of Polyps Or Growths In Large Bowel Using An Endoscope (Colonoscopy) Using A Mechanical Snare | \$489.72 | |
| 45386 | Balloon Dilation Of Large Bowel Using A Flexible Endoscope | \$673.28 | |
| 45388 | Destruction Of Tissue Abnormalities, Tumors, Or Polyps Of Large Bowel Using A Flexible Endoscope | \$2,251.79 | |
| 45389 | Insertion Of Stent In Large Bowel Using A Flexible Endoscope | \$264.51 | |
| 45390 | Removal Of Large Bowel Tissue Using A Flexible Endoscope (Colonoscopy) | \$337.17 | |
| 45391 | Ultrasound Examination Of Large Bowel Using A Flexible Endoscope | \$261.88 | |
| 45392 | Fine Needle Aspirations And/Or Biopsies Of Large Bowel With Ultrasound Guidance, Using A Flexible Endoscope | \$277.38 | |
| 45393 | Decompression Of Twisted Or Abnormally Dilated Large Bowel, Using A Flexible Endoscope | \$254.66 | |
| 45395 | Removal Of Rectum With Creation Of Large Bowel Opening Through Using An Endoscope, Abdominoperineal Approach | \$1,762.56 | |
| 45397 | Removal Of Rectum Using An Endoscope, Abdominoperineal Approach | \$2,229.53 | |
| 45398 | Banding Of Hemorrhoids Using A Flexible Endoscope (Colonoscopy) | \$607.90 | |
| 45399 | Large Bowel Procedure | \$879.67 | |
| 45400 | Laparoscopy, Surgical; Proctopexy (For Prolapse) | \$1,190.39 | |
| 45402 | Laparoscopy, Surgical; Proctopexy (For Prolapse), With Sigmoid Resection | \$1,359.30 | |
| 45499 | Unlisted Laparoscopy Procedure, Rectum | Price By Report | |
| 45500 | Repair Of Narrowed Rectum | \$518.56 | |
| 45505 | Repair Of Bulging Of Lining Of Rectum Through Anus | \$555.42 | |
| 45520 | Injection Of Veins In Rectum | \$159.19 | |
| 45540 | Fixation Of Rectum To Sacrum, Open Abdominal Procedure | \$954.32 | |
| 45541 | Fixation Of Rectum To Sacrum By Perineal Approach | \$856.14 | |
| 45550 | Fixation Of Rectum To Sacrum With Removal Of Large Bowel, Open Abdominal Procedure | \$1,317.04 | |
| 45560 | Repair Of Bulging Of Rectum Into Vagina | \$631.10 | |
| 45562 | Exploration, Repair, And Presacral Drainage For Rectal Injury; | \$1,027.28 | |
| 45563 | Repair Of Rectal Wound, With Surgically Created Opening Into Large Bowel From Body Wall (Colostomy) | \$1,660.73 | |
| 45800 | Closure Of Abnormal Opening From Rectum Into Bladder | \$1,135.12 | |
| 45805 | Closure Of Rectovesical Fistula; With Colostomy | \$1,312.71 | |
| 45820 | Closure Of Rectourethral Fistula; | \$1,137.96 | |
| 45825 | Closure Of Rectourethral Fistula; With Colostomy | \$1,375.93 | |
| 45900 | Manual Replacement Of Bulging Of Rectum Through Anus Under Anesthesia | \$191.76 | |
| 45905 | Dilation Of Sphincter Of Anus Under Anesthesia | \$147.39 | |
| 45910 | Dilation Of Constricted Rectum Under Anesthesia | \$129.82 | |
| 45915 | Removal Of Impacted Stool Or Foreign Body From Rectum Under Anesthesia | \$247.20 | |
| 45990 | Anorectal Exam, Surgical, Requiring Anesthesia (General, Spinal, Or Epidural), Diagnostic | \$105.28 | |
| 45999 | Unlisted Procedure, Rectum | Price By Report | |
| 46020 | Insertion Of Drain (Seton) In Anus | \$116.20 | |
| 46030 | Removal Of Drain (Seton) From Anus | \$250.39 | |
| 46040 | Drainage Of Rectal Abscess, Deep | \$384.49 | |
| 46045 | Incision And Drainage Of Abscess Within Wall Of Rectum Under Anesthesia | \$405.59 | |
| 46050 | Drainage Of Rectal Abscess, Superficial, Surrounding The Anus | \$168.67 | |
| 46060 | Incision And Drainage Of Abscess In Wall Of Rectum Or Between Rectum And Muscle With Incision Or Removal Of Abnormal Drainage Tract | \$493.84 | |
| 46070 | Incision Of Tissue Blocking Rectum Of Infant | \$252.79 | |
| 46080 | Incision Of Sphincter Of Anus | \$201.53 | |
| 46083 | Incision Of External Hemorrhoid With Blood Clot (Thrombosed Hemorrhoid) | \$173.86 | |
| 46200 | Removal Of Chronic Tear (Fissure) Of Anus | \$425.10 | |
| 46220 | Removal Of Single External Benign Growth (Papilla Or Tag) Of Anus | \$178.21 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 46221 | Removal Of External Hemorrhoids By Rubber Banding | \$232.26 | |
| 46230 | Removal Of Multiple External Benign Growths (Papillas Or Tags) Of Anus | \$278.46 | |
| 46250 | Hemorrhoidectomy, External, 2 Or More Columns/Groups | \$335.69 | |
| 46255 | Removal Of Single External And Internal Hemorrhoid Group | \$413.21 | |
| 46257 | Removal Of Single External And Internal Hemorrhoid Group And Chronic Tear (Fissure) In Anus | \$388.64 | |
| 46258 | Removal Of Single External And Internal Hemorrhoid Group With Removal Of Abnormal Drainage Tract In Anus | \$437.64 | |
| 46260 | Removal Of Multiple Internal And External Hemorrhoid Groups | \$493.37 | |
| 46261 | Removal Of Multiple Internal And External Hemorrhoid Groups And Chronic Tear (Fissure) In Anus | \$486.58 | |
| 46262 | Removal Of Multiple Internal And External Hemorrhoid Groups With Removal Of Abnormal Drainage Tract From Anus | \$534.38 | |
| 46270 | Repair Of Abnormal Anal Drainage Tract, Under The Skin | \$373.23 | |
| 46275 | Repair Of Anal Muscle And Abnormal Anal Drainage Tract, With The Sphincter | \$473.47 | |
| 46280 | Repair Of Anal Muscle And Abnormal Anal Drainage Tract, Across Tissue Around The Sphincter | \$505.49 | |
| 46285 | Repair Of Abnormal Anal Drainage Tract, Second Stage | \$534.57 | |
| 46288 | Repair Of Abnormal Anal Drainage Tract With Rectal Tissue Flap | \$515.76 | |
| 46320 | Removal Of External Hemorrhoid With Blood Clot (Thrombosed Hemorrhoid) | \$190.87 | |
| 46500 | Injection Of Sclerosing Solution, Hemorrhoids Or Mucosal Prolapse | \$284.39 | |
| 46505 | Injection Of Agent To Destroy Nerves To Internal Sphincter Of Anus | \$276.78 | |
| 46600 | Diagnostic Examination Of The Anus Using An Endoscope | \$88.99 | |
| 46601 | Diagnostic Examination Of Anus With Magnification And Chemical Agent Enhancement Using An Endoscope | \$146.73 | |
| 46604 | Anoscopy; With Dilation (Eg, Balloon, Guide Wire, Bougie) | \$680.74 | |
| 46606 | Anoscopy; With Biopsy, Single Or Multiple | \$279.38 | |
| 46607 | Biopsies Of Anus With Magnification And Chemical Agent Enhancement Using An Endoscope | \$223.74 | |
| 46608 | Anoscopy; With Removal Of Foreign Body | \$290.22 | |
| 46610 | Anoscopy; With Removal Of Single Tumor, Polyp, Or Other Lesion By Hot Biopsy Forceps Or Bipolar Cautery | \$274.93 | |
| 46611 | Anoscopy; With Removal Of Single Tumor, Polyp, Or Other Lesion By Snare Technique | \$222.69 | |
| 46612 | Anoscopy; With Removal Of Multiple Tumors, Polyps, Or Other Lesions By Hot Biopsy Forceps, Bipolar Cautery Or Snare Technique | \$333.42 | |
| 46614 | Anoscopy; With Control Of Bleeding (Eg, Injection, Bipolar Cautery, Unipolar Cautery, Laser, Heater Probe, Stapler, Plasma Coagulator) | \$164.78 | |
| 46615 | Anoscopy; With Ablation Of Tumor(S), Polyp(S), Or Other Lesion(S) Not Amenable To Removal By Hot Biopsy Forceps, Bipolar Cautery Or Snare Technique | \$175.92 | |
| 46700 | Plastic Repair Of Anal Stricture, Adult | \$605.26 | |
| 46705 | Plastic Repair Of Anal Stricture, Infant | \$522.45 | |
| 46706 | Repair Of Abnormal Anal Drainage Tract With Tissue Glue | \$161.93 | |
| 46707 | Repair Of Abnormal Anal Drainage Tract With Implanted Plug | \$461.83 | |
| 46710 | Repair Of Abnormal Drainage Tract Or Pocket From Surgically Created Of Small Intestinal Reservoir For Feces, Via Incision Of Region Between Thighs (Combined Abdominoperineal Approach) | \$996.43 | |
| 46712 | Repair Of Abnormal Drainage Tract Or Pocket From Surgically Created Of Small Intestinal Reservoir For Feces, Via Incision Of Abdomen And Region Between Thighs (Combined Abdominoperineal Approach) | \$1,973.16 | |
| 46715 | Repair Of Low Imperforate Anus; With Anoperineal Fistula ("Cut-Back" Procedure) | \$506.02 | |
| 46716 | Repair Of Low Imperforate Anus; With Transposition Of Anoperineal Or Anovestibular Fistula | \$1,042.98 | |
| 46730 | Repair Of Absence Of Opening In Anus, Via Incision Of Region Between Thighs Or Below Sacrum (Perineal Or Sacroperineal Approach) | \$1,663.78 | |
| 46735 | Repair Of Absence Of Opening In Anus, Via Incision Of Abdomen And Region Between Thighs And Below Sacrum (Combined Abdominal And Sacroperineal Approach) | \$2,039.29 | |
| 46740 | Repair Of Absence Of Opening In Anus And Abnormal Opening From Rectum Into Urethra Or Vagina, Approached Through Region Between Thighs Or Below Sacrum (Perineal Or Sacroperineal Approach) | \$2,021.55 | |
| 46742 | Repair Of Absence Of Opening In Anus And Abnormal Opening From Rectum Into Urethra Or Vagina, Approached Through Abdomen Or Below Sacrum (Combined Abdominal And Sacroperineal Approach) | \$2,230.28 | |
| 46744 | Repair Of Defect For Single Channel Outlet Of Rectum, Vagina, And Urinary Tract, Via Incision Of Region Between Thighs Or Below Sacrum (Perineal Or Sacroperineal Approach) | \$3,131.19 | |
| 46746 | Repair Of Defect For Single Channel Outlet Of Rectum, Vagina, And Urinary Tract, Via Incision Of Region Between Thighs Or Below Sacrum (Combined Abdominal And Sacroperineal Approach) | \$2,527.38 | |
| 46748 | Repair Of Defect For Single Channel Outlet Of Rectum, Vagina, And Urinary Tract, Via Incision Of Region Between Thighs Or Below Sacrum (Combined Abdominal And Sacroperineal Approach) With Lengthening Of Vagina | \$3,731.61 | |
| 46750 | Repair Of Anal Muscle For Incontinence Or Prolapse, Adult | \$687.19 | |
| 46751 | Repair Of Anal Muscle For Incontinence Or Prolapse, Child | \$608.55 | |
| 46753 | Graft (Thiersch Operation) For Rectal Incontinence And/Or Prolapse | \$561.96 | |
| 46754 | Removal Of Thiersch Wire Or Suture | \$330.91 | |
| 46760 | Repair Of Anal Muscle To Correct Incontinence, Adult With Muscle Transplant | \$1,014.92 | |
| 46761 | Repair Of Anal Muscle To Correct Incontinence, Adult With Muscle Tightening | \$834.82 | |
| 46900 | Chemical Destruction Of Tissue Abnormalities Of Anus | \$214.25 | |
| 46910 | Destruction Of Tissue Abnormalities Of Anus | \$186.99 | |
| 46916 | Electrical Destruction Of Tissue Abnormalities Of Anus | \$251.46 | |
| 46917 | Laser Destruction Of Tissue Abnormalities Of Anus | \$426.14 | |
| 46922 | Removal Of Tissue Abnormalities Of Anus | \$223.70 | |
| 46924 | Extensive Destruction Of Tissue Abnormalities Of Anus | \$536.84 | |
| 46930 | Heat Destruction Of Internal Hemorrhoids | \$207.15 | |
| 46940 | Repair Of Anal Tear With Dilation Of Anal Muscle, Initial | \$254.57 | |
| 46942 | Repair Of Anal Tear With Dilation Of Anal Muscle, Subsequent | \$243.21 | |
| 46945 | Tying Of Single Internal Hemorrhoid Group | \$319.45 | |
| 46946 | Tying Of Multiple Internal Hemorrhoid Groups | \$263.16 | |
| 46947 | Stapling Of Internal Hemorrhoid | \$353.72 | |
| 46948 | Tying Of Arteries To Internal Hemorrhoid | \$448.61 | |
| 46999 | Unlisted Procedure, Anus | Price By Report | |
| 47000 | Needle Biopsy Of Liver, Accessed Through The Skin | \$303.10 | |
| 47001 | Biopsy Of Liver, Needle; When Done For Indicated Purpose At Time Of Other Major Procedure (List Separately In Addition To Code For Primary Procedure) | \$100.52 | |
| 47010 | Drainage Of Liver Abscess Or Cyst, Open Procedure | \$1,083.73 | |
| 47015 | Laparotomy, With Aspiration And/Or Injection Of Hepatic Parasitic (Eg, Amoebic Or Echinococcal) Cyst(S) Or Abscess(Es) | \$1,041.27 | |
| 47100 | Biopsy Of Liver, Wedge | \$559.42 | |
| 47120 | Hepatectomy, Resection Of Liver; Partial Lobectomy | \$1,517.18 | |
| 47122 | Hepatectomy, Resection Of Liver Trisegmentectomy | \$3,027.82 | |
| 47125 | Hepatectomy, Resection Of Liver; Total Left Lobectomy | \$2,711.06 | |
| 47130 | Hepatectomy, Resection Of Liver; Total Right Lobectomy | \$2,910.48 | |
| 47133 | Donor Hepatectomy (Including Cold Preservation), From Cadaver Donor | Price By Report | |
| 47135 | Transplantation Of Donor Liver To Anatomic Position | \$5,036.71 | PA Required |
| 47140 | Donor Hepatectomy (Including Cold Preservation), From Living Donor; Left Lateral Segment Only (Segments Ii And Iii) | \$3,152.50 | |
| 47141 | Donor Hepatectomy, With Preparation And Maintenance Of Allograft, From Living Donor; Total Left Lobectomy (Segments Ii, Iii And Iv) | \$3,765.96 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 47142 | Donor Hepatectomy, With Preparation And Maintenance Of Allograft, From Living Donor; Total Right Lobectomy (Segments V, Vi, Vii And Viii) | \$4,139.12 | |
| 47143 | Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft Prior To Allotransplantation, Including Cholecystectomy, If Necessary, And Dissection And Removal Of Surrounding Soft Tissues To Prepare The Vena Cava, Portal Vein, Hepatic Artery, And Common B | \$1,503.25 | |
| 47144 | Preparation Of Donor Liver For Transplantation, With Trisegment Split Of Liver Graft Into 2 Partial Grafts | \$1,290.33 | |
| 47145 | Preparation Of Donor Liver For Transplantation, With Lobe Split Of Liver Graft Into 2 Partial Grafts | \$2,500.86 | |
| 47146 | Preparation Of Donor Liver For Transplantation, Venous Connection | \$286.05 | |
| 47147 | Preparation Of Donor Liver For Transplantation, Arterial Connection | \$332.91 | |
| 47300 | Marsupialization Of Cyst Or Abscess Of Liver | \$1,012.18 | |
| 47350 | Suture Of Liver Wound To Control Bleeding, Simple Suture | \$895.24 | |
| 47360 | Suturing Liver Wound To Control Bleeding, Complex Suture | \$1,663.32 | |
| 47361 | Suture Of Liver Wound To Control Bleeding, Exploration Of Wound With Extensive Cleaning | \$3,126.17 | |
| 47362 | Management Of Liver Hemorrhage; Re-Exploration Of Hepatic Wound For Removal Of Packing | \$1,462.68 | |
| 47370 | Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Radiofrequency | \$1,111.24 | |
| 47371 | Laparoscopy, Surgical, Ablation Of One Or More Liver Tumor(S); Cryosurgical | \$1,118.07 | |
| 47379 | Unlisted Laparoscopic Procedure, Liver | Price By Report | |
| 47380 | Destruction Of 1 Or More Growths On Liver, Open Procedure, Using Radiofrequency | \$1,490.54 | |
| 47381 | Destruction Of 1 Or More Growths On Liver, Open Procedure, Using Freezing | \$1,312.66 | |
| 47382 | Destruction Of 1 Or More Growths In Liver, Accessed Through The Skin, Using Radiofrequency | \$4,118.82 | |
| 47383 | Destruction Of 1 Or More Liver Growths, Accessed Through The Skin, Using Freezing | \$6,048.77 | |
| 47399 | Unlisted Procedure, Liver | Price By Report | |
| 47400 | Incision Or Creation Of Opening In Liver | \$1,904.47 | |
| 47420 | Incision Or Creation Of Opening In Gallbladder | \$1,186.27 | |
| 47425 | Transduodenal Sphincterotomy | \$1,217.86 | |
| 47460 | Transduodenal Sphincterotomy Or Sphincteroplasty, With Or Without Transduodenal Extraction Of Calculus (Separate Procedure) | \$1,132.53 | |
| 47480 | Drainage Or Removal Of Stones From Gallbladder, Open Procedure | \$788.56 | |
| 47490 | Cholecystostomy, Percutaneous, Complete Procedure, Including Imaging Guidance, Catheter Placement, Cholecystogram When Performed, And Radiological Supervision And Interpretation | \$279.67 | |
| 47531 | Injection Of Bile Duct For X-Ray Imaging Procedure Accessed Through The Skin Using Imaging Guidance Including Radiological Supervision And Interpretation, Existing Access | \$410.69 | |
| 47532 | Injection Of Bile Duct For X-Ray Imaging Procedure Accessed Through The Skin Using Imaging Guidance Including Radiological Supervision And Interpretation, New Access | \$901.87 | |
| 47533 | Placement Of Drainage Catheter Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, External | \$1,171.20 | |
| 47534 | Placement Of Drainage Catheter Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, Internal And External | \$1,414.43 | |
| 47535 | Conversion Of External Biliary Drainage Catheter To Internal-External Biliary Drainage Catheter Accessed Through The Skin Using Imaging Guidance With Study Of Bile Ducts And Radiological Supervision And Interpretation | \$891.85 | |
| 47536 | Replacement Of Liver Duct Drainage Catheter Accessed Through The Skin With Imaging And Radiological Supervision And Interpretation | \$711.59 | |
| 47537 | Removal Of Biliary Drainage Catheter, Accessed Through The Skin Using Imaging Guidance And Radiological Supervision And Interpretation | \$496.51 | |
| 47538 | Placement Of Stent Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, Existing Access Site | \$3,868.28 | |
| 47539 | Placement Of Stent Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, New Access Site | \$4,279.44 | |
| 47540 | Placement Of Stent And Drainage Catheter Of Biliary Duct, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation | \$4,335.15 | |
| 47541 | Placement Of Access Device Into Biliary Tract, Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation | \$1,155.24 | |
| 47542 | Balloon Dilation Of Bile Duct Accessed Through The Skin Using Imaging Guidance Including Radiological Supervision And Interpretation | \$497.31 | |
| 47543 | Biopsy Of Bile Duct Or Liver Duct Accessed Through The Skin Using Imaging Guidance With Radiological Supervision And Interpretation | \$387.42 | |
| 47544 | Removal Of Biliary Duct Or Gallbladder Stone, Accessed Through The Skin Using Imaging Guidance And Radiological Supervision And Interpretation | \$845.94 | |
| 47550 | Biliary Endoscopy, Intraoperative (Choledochoscopy) (List Separately In Addition To Code For Primary Procedure) | \$160.00 | |
| 47552 | Diagnostic Examination Of Bile Ducts Using An Endoscope, Accessed Through The Skin | \$247.83 | |
| 47553 | Biopsy Of Bile Ducts Using An Endoscope, Accessed Through The Skin | \$248.72 | |
| 47554 | Removal Of Bile Duct Stones Using An Endoscope, Accessed Through The Skin | \$450.68 | |
| 47555 | Dilation Of Bile Ducts Using An Endoscope, Accessed Through The Skin | \$295.87 | |
| 47556 | Dilation Of Bile Ducts With Stent Insertion Using An Endoscope, Accessed Through The Skin | \$335.16 | |
| 47562 | Laparoscopy, Surgical; Cholecystectomy | \$656.08 | |
| 47563 | Laparoscopy, Surgical; Cholecystectomy With Cholangiography | \$713.61 | |
| 47564 | Laparoscopy, Surgical; Cholecystectomy With Exploration Of Common Duct | \$1,009.61 | |
| 47570 | Laparoscopy, Surgical; Cholecystoenterostomy | \$691.78 | |
| 47579 | Unlisted Laparoscopy Procedure, Biliary Tract | Price By Report | |
| 47600 | Cholecystectomy; | \$1,059.15 | |
| 47605 | Cholecystectomy; With Cholangiography | \$1,150.57 | |
| 47610 | Cholecystectomy With Exploration Of Common Duct; | \$1,009.61 | |
| 47612 | Cholecystectomy With Exploration Of Common Duct; With Choledochenterostomy | \$1,257.24 | |
| 47620 | Removal Of Gallbladder And Incision Or Repair Of Gallbladder Sphincter | \$1,220.24 | |
| 47700 | Exploration For Congenital Atresia Of Bile Ducts, Without Repair, With Or Without Liver Biopsy, With Or Without Cholangiography | \$950.36 | |
| 47701 | Portoenterostomy (Eg, Kasai Procedure) | \$1,544.41 | |
| 47711 | Removal Of Growth From Bile Duct External To Liver | \$1,594.26 | |
| 47712 | Removal Of Growth From Bile Duct Within Liver | \$1,768.24 | |
| 47715 | Excision Of Choledochal Cyst | \$1,108.99 | |
| 47720 | Cholecystoenterostomy; Direct | \$1,033.50 | |
| 47721 | Cholecystoenterostomy; With Gastroenterostomy | \$1,207.91 | |
| 47740 | Cholecystoenterostomy; Roux-En-Y | \$1,171.64 | |
| 47741 | Cholecystoenterostomy; Roux-En-Y With Gastroenterostomy | \$1,314.12 | |
| 47760 | Connection Of Bile Duct External To Liver To Small Intestine | \$1,866.72 | |
| 47765 | Connection Of Bile Duct Within Liver To Small Intestine | \$2,675.42 | |
| 47780 | End-To-Side Connection Of Bile Duct External To Liver To Small Intestine | \$1,600.96 | |
| 47785 | End-To-Side Connection Of Bile Duct Within Liver To Small Intestine | \$2,848.02 | |
| 47800 | Reconstruction, Plastic, Of Extrahepatic Biliary Ducts With End-To-End Anastomosis | \$1,379.62 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 47801 | Placement Of Choledochal Stent | \$998.55 | |
| 47802 | U-Tube Hepaticocenterostomy | \$1,358.56 | |
| 47900 | Suture Of Extrahepatic Biliary Duct For Pre-Existing Injury (Separate Procedure) | \$1,214.99 | |
| 47999 | Unlisted Procedure, Biliary Tract | Price By Report | |
| 48000 | Insertion Of External Drains From Gallbladder, Bile Duct And Small Bowel For Acute Pancreatitis | \$1,665.68 | |
| 48001 | Insertion Of External Drains Around Pancreas For Acute Pancreatitis | \$2,035.55 | |
| 48020 | Removal Of Pancreatic Calculus | \$1,051.60 | |
| 48100 | Biopsy Of Pancreas, Open Procedure | \$786.36 | |
| 48102 | Needle Biopsy Of Pancreas, Accessed Through The Skin | \$464.11 | |
| 48105 | Debride/Resect Pancreas | \$2,523.13 | |
| 48120 | Excision Of Lesion Of Pancreas (Eg, Cyst, Adenoma) | \$981.55 | |
| 48140 | Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; Without Pancreaticojejunostomy | \$1,359.94 | |
| 48145 | Pancreatectomy, Distal Subtotal, With Or Without Splenectomy; With Pancreaticojejunostomy | \$1,447.90 | |
| 48146 | Partial Removal Of Pancreas With Connection Of Pancreas To Small Bowel, With Preservation Of First Part Of Small Intestine (Duodenum) | \$1,679.70 | |
| 48148 | Excision Of Ampulla Of Vater | \$1,113.77 | |
| 48150 | Partial Removal Of Pancreas, Bile Duct And Small Bowel With Connection Of Pancreas To Small Bowel | \$2,924.79 | |
| 48152 | Partial Removal Of Pancreas, Bile Duct And Small Bowel Without Connection Of Pancreas To Small Bowel | \$2,558.17 | |
| 48153 | Near Total Removal Of Pancreas, Bile Duct And Small Bowel With Connection Of Pancreas To Small Bowel | \$2,924.79 | |
| 48154 | Partial Removal Of Pancreas, Bile Duct, And Small Bowel | \$2,569.32 | |
| 48155 | Pancreatectomy, Total; | \$1,622.43 | |
| 48160 | Pancreatectomy, Total Or Subtotal, With Autologous Transplantation Of Pancreas Or Pancreatic Islet Cells | Price By Report | PA Required |
| 48400 | Injection Procedure For Intraoperative Pancreatography (List Separately In Addition To Code For Primary Procedure) | \$93.32 | |
| 48500 | Marsupialization Of Pancreatic Cyst | \$1,029.04 | |
| 48510 | Insertion Of Drain From Pancreatic Cyst Into Abdominal Cavity, Open Procedure | \$982.47 | |
| 48520 | Creation Of Drainage Tract From Pancreatic Cyst To Small Bowel, Direct | \$979.00 | |
| 48540 | Internal Anastomosis Of Pancreatic Cyst To Gastrointestinal Tract; Roux-En-Y | \$1,160.04 | |
| 48545 | Pancreatorrhaphy For Injury | \$1,196.50 | |
| 48547 | Duodenal Exclusion With Gastrojejunostomy For Pancreatic Injury | \$1,585.82 | |
| 48548 | Pancreaticojejunostomy Side To Side | \$1,481.56 | |
| 48550 | Donor Pancreatectomy (Including Cold Preservation), With Or Without Duodenal Segment For Transplantation | Price By Report | PA Required |
| 48551 | Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Including Dissection Of Allograft From Surrounding Soft Tissues, Splenectomy, Duodenotomy, Ligation Of Bile Duct, Ligation Of Mesenteric Vessels, And Y-Gr | \$232.95 | PA Required |
| 48552 | Preparation Of Donor Pancreas For Transplantation, Each | \$205.32 | PA Required |
| 48554 | Transplantation Of Pancreatic Allograft | \$2,334.93 | PA Required |
| 48556 | Removal Of Transplanted Pancreatic Allograft | \$1,149.53 | PA Required |
| 48999 | Unlisted Procedure, Pancreas | Price By Report | PA Required |
| 49000 | Exploratory Laparotomy, Exploratory Cellotomy (Separate Procedure) | \$763.31 | |
| 49002 | Reopening Of Recent Laparotomy | \$732.02 | |
| 49010 | Exploration, Retroperitoneal Area (Separate Procedure) | \$774.72 | |
| 49013 | Exploration And Packing Of Wound In Pelvic Region | \$398.72 | |
| 49014 | Re-Exploration Of Wound In Pelvic Region With Removal Of Wound Packing And Repacking, If Necessary | \$362.80 | |
| 49020 | Drainage Of Abdominal Abscess Or Infection, Open Procedure | \$1,041.17 | |
| 49040 | Drainage Of Abscess Of Muscle Separating Chest And Abdomen (Diaphragm), Open Procedure | \$898.04 | |
| 49060 | Drainage Of Abscess Behind Abdominal Cavity, Open Procedure | \$718.52 | |
| 49062 | Drainage Of Accumulated Abdominal Lymph Fluid, Open Procedure | \$685.51 | |
| 49082 | Abdominal Paracentesis (Diagnostic Or Therapeutic); Without Imaging Guidance | \$223.84 | |
| 49083 | Abdominal Paracentesis (Diagnostic Or Therapeutic); With Imaging Guidance | \$321.43 | |
| 49084 | Peritoneal Lavage, Including Imaging Guidance, When Performed | \$94.36 | |
| 49180 | Needle Biopsy Of Abdominal Cavity Growth, Accessed Through The Skin | \$143.28 | |
| 49185 | Injection Of Abnormal Fluid Accumulation Using Imaging Guidance With Radiological Supervision And Interpretation | \$1,289.47 | |
| 49203 | Removal Or Destruction Of (5 Centimeters Or Less) Abdominal Cavity Growths, Cysts, Or Abnormal Tissue, Open Procedure | \$1,240.03 | |
| 49204 | Removal Or Destruction Of (5.1 To 10.0 Centimeters) Abdominal Cavity Growths, Cysts, Or Abnormal Tissue, Open Abdominal Procedure | \$1,356.72 | |
| 49205 | Removal Or Destruction Of (Greater Than 10.0 Centimeters) Abdominal Cavity Growths, Cysts, Or Abnormal Tissue, Open Procedure | \$1,553.24 | |
| 49215 | Excision Of Presacral Or Sacrococcygeal Tumor | \$1,793.82 | |
| 49250 | Umbilectomy, Omphalectomy, Excision Of Umbilicus (Separate Procedure) | \$534.43 | |
| 49255 | Omentectomy, Epiploectomy, Resection Of Omentum (Separate Procedure) | \$670.53 | |
| 49320 | Laparoscopy, Abdomen, Peritoneum, And Omentum, Diagnostic, With Or Without Collection Of Specimen(S) By Brushing Or Washing (Separate Procedure) | \$327.74 | |
| 49321 | Laparoscopy, Surgical; With Biopsy (Single Or Multiple) | \$344.34 | |
| 49322 | Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Aspiration Of Cavity Or Cyst (Eg, Ovarian Cyst) (Single Or Multiple) | \$373.74 | |
| 49323 | Laparoscopy, Surgical, Abdomen, Peritoneum, And Omentum; With Drainage Of Lymphoceles To Peritoneal Cavity | \$569.38 | |
| 49324 | Laparoscopy, Surgical; With Insertion Of Tunneled Intraperitoneal Catheter | \$394.57 | |
| 49325 | Laparoscopy Surgical; With Revision Of Previously Placed Intraperitoneal Connula Or Catheter, With Removal Of Intraluminal Material Performed | \$368.12 | |
| 49326 | Laparoscopy, Surgical; With (Omental Tacking Procedure)(List Separately In Addition To Code For Primary Procedure) | \$182.73 | |
| 49327 | Laparoscopy, Surgical; With Placement Of Interstitial Device(S) For Radiation Therapy Guidance (Eg, Fiducial Markers, Dosimeter), Intra-Abdominal, Intrapelvic, And/Or Retroperitoneum, Including Imaging Guidance, If Performed, Single Or Multiple (List Sep | \$113.75 | |
| 49329 | Unlisted Laparoscopy Procedure, Abdomen, Peritoneum And Omentum | Price By Report | |
| 49400 | Injection Of Air Or Contrast Into Peritoneal Cavity (Separate Procedure) | \$144.20 | |
| 49402 | Removal Of Perit. Body From Cavity | \$760.63 | |
| 49405 | Fluid Collection Drainage By Catheter Using Imaging Guidance, Accessed Through The Skin | \$987.68 | |
| 49406 | Fluid Collection Drainage Of The Abdominal Region By Catheter Using Imaging Guidance, Accessed Through The Skin | \$758.84 | |
| 49407 | Fluid Collection Drainage By Catheter Using Imaging Guidance, Accessed Through Vagina Or Rectum | \$638.35 | |
| 49411 | Insertion Of Devices In Abdominal Cavity For Radiation Therapy Guidance, Accessed Through The Skin | \$470.19 | |
| 49412 | Insertion Of Devices For Radiation Therapy Guidance In Abdominal Cavity, Open Procedure | \$71.79 | |
| 49418 | Insertion Of Tunneled Intraperitoneal Catheter (Eg, Dialysis, Intraperitoneal Chemotherapy Instillation, Management Of Ascites), Complete Procedure, Including Imaging Guidance, Catheter Placement, Contrast Injection When Performed, And Radiological | \$1,099.50 | |
| 49419 | Insertion Of Tunneled Intraperitoneal Catheter, With Subcutaneous Port (Ie, Totally Implantable) | \$382.92 | |
| 49421 | Insertion Of Abdominal Cavity Catheter For Drainage Or Dialysis, Open Procedure | \$198.62 | |
| 49422 | Removal Of Tunneled Intraperitoneal Catheter | \$216.43 | |
| 49423 | Exchange Of Previously Placed Abscess Or Cyst Drainage Catheter Under Radiological Guidance (Separate Procedure) | \$577.14 | |
| 49424 | Contrast Injection For Assessment Of Abscess Or Cyst Via Previously Placed Drainage Catheter Or Tube (Separate Procedure) | \$190.41 | |
| 49425 | Insertion Of Peritoneal-Venous Shunt | \$654.00 | |
| 49426 | Revision Of Peritoneal-Venous Shunt | \$600.51 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 49427 | Injection Procedure (Eg, Contrast Media) For Evaluation Of Previously Placed Peritoneal-Venous Shunt | \$35.03 | |
| 49428 | Ligation Of Peritoneal-Venous Shunt | \$384.15 | |
| 49429 | Removal Of Peritoneal-Venous Shunt | \$407.33 | |
| 49435 | Insertion Of Abdominal Cavity Catheter Extension, Beneath The Skin | \$103.49 | |
| 49436 | Creation Of Exit Site For Catheter In Abdominal Cavity | \$487.38 | |
| 49440 | Insertion Of Stomach Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast | \$926.42 | |
| 49441 | Insertion Of Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast | \$1,044.59 | |
| 49442 | Insertion Of Large Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast | \$885.80 | |
| 49446 | Conversion Of Stomach Tube To Stomach-To-Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast | \$891.95 | |
| 49450 | Replacement Of Stomach Or Large Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast | \$670.83 | |
| 49451 | Replacement Of Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast | \$731.47 | |
| 49452 | Replacement Of Stomach-To-Small Bowel Tube, Accessed Through Skin Using Fluoroscopic Guidance With Contrast | \$917.95 | |
| 49460 | Mechanical Removal Of Obstructive Material From Stomach, Large, Or Small Bowel Tube Using Fluoroscopic Guidance | \$677.87 | |
| 49465 | Contrast Injections For X-Ray Imaging Through Existing Tube In Stomach, Small Bowel Or Large Bowel, Accessed Through Skin | \$147.80 | |
| 49491 | Repair, Initial Inguinal Hernia, Preterm Infant (Less Than 37 Weeks Gestation At Birth), Performed From Birth Up To 50 Weeks Post-Conceptual Age, With Or Without Hydrocelectomy; Reducible | \$757.88 | |
| 49492 | Repair, Initial Inguinal Hernia, Preterm Infant (Less Than 37 Weeks Gestation At Birth), Performed From Birth Up To 50 Weeks Post-Conceptual Age, With Or Without Hydrocelectomy; Incarcerated Or Strangulated | \$856.60 | |
| 49495 | Repair, Initial Inguinal Hernia, Full Term Infant Under Age 6 Months, Or Preterm Infant Over 50 Weeks Postconceptual Age And Under Age 6 Months At The Time Of Surgery, With Or Without Hydrocelectomy; Reducible | \$407.62 | |
| 49496 | Repair Initial Inguinal Hernia, Under Age 6 Months, With Or Without Hydrocelectomy; Incarcerated Or Strangulated | \$554.26 | |
| 49500 | Repair Initial Inguinal Hernia, Age 6 Months To Under 5 Years, With Or Without Hydrocelectomy; Reducible | \$417.51 | |
| 49501 | Repair Initial Inguinal Hernia, Age 6 Months To Under 5 Years, With Or Without Hydrocelectomy; Incarcerated Or Strangulated | \$538.85 | |
| 49505 | Repair Initial Inguinal Hernia, Age 5 Years Or Over; Reducible | \$522.05 | |
| 49507 | Repair Initial Inguinal Hernia, Age 5 Years Or Over; Incarcerated Or Strangulated | \$540.78 | |
| 49520 | Repair Of Groin (Inguinal) Hernia That Is Not Trapped | \$551.50 | |
| 49521 | Repair Of Trapped Or Strangulated Groin Hernia (Inguinal) | \$601.02 | |
| 49525 | Repair Inguinal Hernia, Sliding, Any Age | \$514.86 | |
| 49540 | Repair Lumbar Hernia | \$607.03 | |
| 49550 | Repositioning Of Initial Femoral Groin Hernia, Not Trapped | \$517.47 | |
| 49553 | Repositioning Of Initial Femoral Groin Hernia, Trapped | \$567.40 | |
| 49555 | Repositioning Of Recurrent Femoral Groin Hernia, Not Trapped | \$542.29 | |
| 49557 | Repositioning Of Recurrent Femoral Groin Hernia, Trapped | \$647.28 | |
| 49591 | Initial Repair Of Sliding Hernia Of Abdomen, Less Than 3 Cm In Length | \$282.96 | |
| 49592 | Initial Repair Of Entrapped Hernia Of Abdomen, Less Than 3 Cm In Length | \$392.43 | |
| 49593 | Initial Repair Of Sliding Hernia Of Abdomen, 3-10 Cm In Length | \$473.11 | |
| 49594 | Initial Repair Of Entrapped Hernia Of Abdomen, 3-10 Cm In Length | \$614.77 | |
| 49595 | Initial Repair Of Sliding Hernia Of Abdomen, More Than 10 Cm In Length | \$635.96 | |
| 49596 | Initial Repair Of Entrapped Hernia Of Abdomen, More Than 10 Cm In Length | \$844.66 | |
| 49600 | Repair Of Small Omphalocele, With Primary Closure | \$658.41 | |
| 49605 | Repair Of Fluid Accumulation Or Abdominal Wall Defect At Navel, With Or Without Prosthesis | \$5,005.58 | |
| 49606 | Repair Of Fluid Accumulation Or Abdominal Wall Defect At Navel, In Operating Room | \$1,099.67 | |
| 49610 | Repair Of Fluid Accumulation Or Abdominal Wall Defect At Navel, First Stage | \$621.60 | |
| 49611 | Repair Of Fluid Accumulation Or Abdominal Wall Defect At Navel, Second Stage | \$549.48 | |
| 49613 | Repair Of Recurrent Sliding Hernia Of Abdomen, Less Than 3 Cm In Length | \$349.03 | |
| 49614 | Repair Of Recurrent Entrapped Hernia Of Abdomen, Less Than 3 Cm In Length | \$471.90 | |
| 49615 | Repair Of Recurrent Sliding Hernia Of Abdomen, 3-10 Cm In Length | \$527.88 | |
| 49616 | Repair Of Recurrent Entrapped Hernia Of Abdomen, 3-10 Cm In Length | \$707.74 | |
| 49617 | Repair Of Recurrent Sliding Hernia Of Abdomen, More Than 10 Cm In Length | \$731.23 | |
| 49618 | Repair Of Recurrent Entrapped Hernia Of Abdomen, More Than 10 Cm In Length | \$1,022.67 | |
| 49621 | Repair Of Sliding Hernia Next To Stoma | \$617.49 | |
| 49622 | Repair Of Entrapped Hernia Next To Stoma | \$761.98 | |
| 49623 | Removal Of Mesh At Same Time As Hernia Repair | \$164.01 | |
| 49650 | Laparoscopy, Surgical; Repair Initial Inguinal Hernia | \$433.30 | |
| 49651 | Laparoscopy, Surgical; Repair Recurrent Inguinal Hernia | \$551.50 | |
| 49659 | Unlisted Laparoscopy Procedure, Hernioplasty, Herniorrhaphy, Herniotomy | \$1,235.25 | |
| 49900 | Suture, Secondary, Of Abdominal Wall For Evisceration Or Dehiscence | \$693.87 | |
| 49904 | Omental Flap, Extra-Abdominal (Eg, For Reconstruction Of Sternal And Chest Wall Defects) | \$1,382.69 | |
| 49905 | Omental Flap, Intra-Abdominal (List Separately In Addition To Code For Primary Procedure) | \$343.75 | |
| 49906 | Free Omental Flap With Microvascular Anastomosis | \$1,971.90 | |
| 49999 | Unlisted Procedure, Abdomen, Peritoneum And Omentum | Price By Report | |
| 50010 | Renal Exploration, Not Necessitating Other Specific Procedures | \$643.27 | |
| 50020 | Incision And Drainage Of Kidney Abscess, Open Procedure | \$924.27 | |
| 50040 | Nephrostomy, Nephrotomy With Drainage | \$841.79 | |
| 50045 | Incision Into Kidney With Exploration | \$848.23 | |
| 50060 | Nephrolithotomy; Removal Of Calculus | \$1,034.20 | |
| 50065 | Removal Of Kidney Stone With Secondary Operation For Calculus | \$1,095.97 | |
| 50070 | Nephrolithotomy; Complicated By Congenital Kidney Abnormality | \$1,074.92 | |
| 50075 | Nephrolithotomy; Removal Of Large Staghorn Calculus Filling Renal Pelvis And Calyces (Including Anatomic Pyelolithotomy) | \$1,320.57 | |
| 50080 | Removal Or Crushing Kidney Stone (Up To 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin | \$877.36 | |
| 50081 | Removal Or Crushing Kidney Stone (Over 2 Centimeters) Or Insert Kidney Stent Using An Endoscope, Accessed Through The Skin | \$1,288.44 | |
| 50100 | Transection Or Repositioning Of Aberrant Renal Vessels (Separate Procedure) | \$963.55 | |
| 50120 | Incision Into Renal Pelvis Of A Kidney With Exploration | \$863.29 | |
| 50125 | Incision Into Renal Pelvis Of A Kidney With Drainage | \$893.53 | |
| 50130 | Incision Into Renal Pelvis Of A Kidney With Removal Of Calculus | \$938.36 | |
| 50135 | Pyelotomy; Complicated (Eg, Secondary Operation, Congenital Kidney Abnormality) | \$1,018.16 | |
| 50200 | Needle Biopsy Of Kidney, Accessed Through The Skin | \$378.59 | |
| 50205 | Renal Biopsy, Percutaneous; By Trocar Or Needle By Surgical Exposure Of Kidney | \$672.66 | |
| 50220 | Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure | \$950.64 | |
| 50225 | Removal Of Kidney And Partial Removal Of Urinary Duct (Ureter), Open Procedure, Complicated Because Of Previous Surgery On Same Kidney | \$1,085.47 | |
| 50230 | Removal Of Kidney, Lymph Nodes, And/Or Blood Clot From Major Vein (Vena Cava) With Partial Removal Of Urinary Duct (Ureter), Open Procedure | \$1,156.46 | |
| 50234 | Removal Of Kidney And Urinary Duct (Ureter) With Partial Removal Of Bladder, Through Same Incision | \$1,180.34 | |
| 50236 | Removal Of Kidney And Urinary Duct (Ureter) With Partial Removal Of Bladder, Through Separate Incision | \$1,329.20 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 50240 | Nephrectomy, Partial | \$1,337.33 | |
| 50250 | Destruction Of 1 Or More Growths In Kidney, Open Procedure | \$1,105.14 | |
| 50280 | Removal Or Unroofing Of Kidney Cysts | \$869.33 | |
| 50290 | Excision Of Perinephric Cyst | \$818.00 | |
| 50320 | Removal Of Donor Kidney, Open Procedure | \$1,358.83 | |
| 50323 | Fat, Diaphragmatic And Retroperitoneal Attachments, Excision Of Adrenal Gland, And Preparation Of Ureter(S), Re | \$255.62 | |
| 50325 | Preparation Of Donor Kidney For Transplantation, Open Or Endoscopic Procedure | \$511.32 | |
| 50327 | Preparation Of Donor Kidney For Transplantation, Venous Connection | \$210.38 | |
| 50328 | Preparation Of Donor Kidney For Transplantation, Arterial Connection | \$166.07 | |
| 50329 | Preparation Of Donor Kidney For Transplantation, Ureteral Connection | \$157.96 | |
| 50340 | Recipient Nephrectomy (Separate Procedure) | \$858.84 | |
| 50360 | Renal Allotransplantation, Implantation Of Graft; Without Recipient Nephrectomy | \$2,196.27 | |
| 50365 | Renal Homotransplantation, Implantation Of Graft With Recipient Nephrectomy | \$2,582.43 | |
| 50370 | Removal Of Transplanted Renal Allograft | \$1,086.97 | |
| 50380 | Renal Autotransplantation, Reimplantation Of Kidney | \$1,336.05 | |
| 50382 | Removal And Replacement Of Indwelling Stent In Urinary Duct (Ureter) Including Radiological Supervision And Interpretation, Accessed Through The Skin | \$1,008.35 | |
| 50384 | Removal Of Indwelling Stent In Urinary Duct (Ureter) Including Radiological Supervision And Interpretation, Accessed Through The Skin | \$861.48 | |
| 50385 | Removal (Via Snare/Capture) And Replacement Of Internally Dwelling Ureteral Stent Via Transurethral Approach, Without Use Of Cystoscopy, Including Radiological Supervision And Interpretation | \$1,013.55 | |
| 50386 | Removal (Via Snare/Capture) Of Internally Dwelling Ureteral Stent Via Transurethral Approach, Without Use Of Cystoscopy, Including Radiological Supervision And Interpretation | \$747.84 | |
| 50387 | Removal And Replacement Of Stent In Kidney And Urinary Duct (Ureter) Using Fluoroscopic Guidance Including Radiological Supervision And Interpretation | \$564.09 | |
| 50389 | Removal Of Nephrostomy Tube, Requiring Fluoroscopic Guidance (Eg, With Concurrent Indwelling Ureteral Stent) | \$349.68 | |
| 50390 | Aspiration And/OR Injection Kidney Cyst, Accessed Through The Skin | \$96.15 | |
| 50391 | Instillations Of Drug Into Kidney And/OR Urinary Duct (Ureter) | \$115.76 | |
| 50396 | Manometric Studies Through Nephrostomy Or Pyelostomy Tube, Or Indwelling Ureteral Catheter | \$106.69 | |
| 50400 | Pyeloplasty; (Foley Y-Pyeloplasty), Plastic Operation On Renal Pelvis, With Or Without Plastic Operation On Ureter, Nephropexy, Nephrostomy, Pyelostomy, Or Ureteral Splinting | \$1,165.36 | |
| 50405 | Pyeloplasty; Complicated (Congenital Kidney Abnormality, Secondary Pyeloplasty, Solitary Kidney) | \$1,405.56 | |
| 50430 | Injection Procedure For X-Ray Imaging Of Kidney And Urinary Duct (Ureter) Using Imaging Guidance Including Radiological Supervision And Interpretation, New Access | \$628.78 | |
| 50431 | Injection Procedure For X-Ray Imaging Of Kidney And Urinary Duct (Ureter) Using Imaging Guidance Including Radiological Supervision And Interpretation, Existing Access | \$237.77 | |
| 50432 | Placement Of Catheter Of Kidney, Accessed Through The Skin Using Imaging Guidance With Radiological Supervision And Interpretation | \$931.80 | |
| 50433 | Placement Of Catheter Of Kidney And Urinary Tube (Ureter), Accessed Through The Skin Using Imaging Guidance With Radiological Supervision And Interpretation | \$1,254.98 | |
| 50434 | Conversion Of Nephrostomy Catheter To Nephroureteral Catheter Accessed Through The Skin Using Imaging Guidance With Study Of Kidney And Ureter And Radiological Supervision And Interpretation | \$910.71 | |
| 50435 | Replacement Of Kidney Drainage Catheter Accessed Through The Skin With Imaging And Radiological Supervision And Interpretation | \$522.05 | |
| 50436 | Enlargement Of Existing Opening Into Urinary Tract Accessed Through Skin Using Imaging Guidance | \$136.82 | |
| 50437 | Enlargement Of Existing Opening Into Urinary Tract Accessed Through Skin And Creation Of New Access Into Urine Collecting System Of Kidney, Using Imaging Guidance | \$226.29 | |
| 50500 | Nephrorrhaphy, Suture Of Kidney Wound Or Injury | \$1,112.35 | |
| 50520 | Closure Of Nephrocutaneous Or Pyelocutaneous Fistula | \$1,031.61 | |
| 50525 | Closure Of Abnormal Drainage Tract From Kidney To Other Abdominal Organ, Abdominal Approach | \$1,305.53 | |
| 50526 | Closure Of Abnormal Drainage Tract From Kidney To Other Abdominal Organ, Thoracic Approach | \$1,396.87 | |
| 50540 | Symphysiotomy For Horseshoe Kidney With Or Without Pyeloplasty And/OR Other Plastic Procedure, Unilateral Or Bilateral (One Operation) | \$1,040.85 | |
| 50541 | Laparoscopy, Surgical; Ablation Of Renal Cysts | \$832.01 | |
| 50542 | Laparoscopy, Surgical; Ablation Of Renal Mass Lesion(S), Including Intraoperative Ultrasound Guidance And Monitoring, When Performed | \$1,058.78 | |
| 50543 | Laparoscopy, Surgical; Partial Nephrectomy | \$1,501.73 | |
| 50544 | Laparoscopy, Surgical; Pyeloplasty | \$1,249.92 | |
| 50545 | Removal Of Kidney And Lymph Nodes Using An Endoscope | \$1,343.04 | |
| 50546 | Laparoscopy, Surgical; Nephrectomy, Including Partial Ureterectomy | \$1,210.69 | |
| 50547 | Laparoscopy, Surgical; Donor Nephrectomy (Including Cold Preservation), From Living Donor | \$1,688.87 | |
| 50548 | Laparoscopy, Surgical; Nephrectomy With Total Ureterectomy | \$1,350.33 | |
| 50549 | Unlisted Laparoscopy Procedure, Renal | Price By Report | |
| 50551 | Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office | \$332.56 | |
| 50553 | Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office | \$356.13 | |
| 50555 | Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office | \$378.93 | |
| 50557 | Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office | \$385.59 | |
| 50561 | Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office | \$436.65 | |
| 50562 | Renal Endoscopy Through Established Nephrostomy Or Pyelostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Resection Of Tumor | \$521.21 | |
| 50570 | Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; | \$441.12 | |
| 50572 | Insertion Of Catheter Into Urinary Duct (Ureter) Using An Endoscope Through The Upper Kidney Area | \$477.25 | |
| 50574 | Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy | \$507.26 | |
| 50575 | Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Endopyelotomy (Includes Cystoscopy, Ureteroscopy, Dilatation Of Ureter And Ureteral Pelvic Junction, In | \$640.85 | |
| 50576 | Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy | \$505.95 | |
| 50580 | Renal Endoscopy Through Nephrotomy Or Pyelotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus | \$545.02 | |
| 50590 | Lithotripsy, Extracorporeal Shock Wave | \$771.28 | |
| 50592 | Destruction Of 1 Or More Growths In One Kidney, Accessed Through The Skin | \$2,880.41 | |
| 50593 | Destruction Of Growths In One Kidney, Accessed Through The Skin | \$4,279.14 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 50600 | Ureterotomy With Exploration Or Drainage (Separate Procedure) | \$851.84 | |
| 50605 | Ureterotomy For Insertion Of Indwelling Stent, All Types | \$894.46 | |
| 50606 | Biopsy Of Urinary Duct Using Imaging Guidance With Radiological Supervision And Interpretation | \$476.84 | |
| 50610 | Ureterolithotomy; Upper One-Third Of Ureter | \$857.84 | |
| 50620 | Ureterolithotomy; Middle One-Third Of Ureter | \$820.73 | |
| 50630 | Ureterolithotomy; Lower One-Third Of Ureter | \$811.14 | |
| 50650 | Ureterectomy, With Bladder Cuff (Separate Procedure) | \$942.78 | |
| 50660 | Ureterectomy, Total, Ectopic Ureter, Combination Abdominal, Vaginal And/Or Perineal Approach | \$1,037.25 | |
| 50684 | Injection Procedure For Ureterography Or Ureteropyelography Through Ureterostomy Or Indwelling Ureteral Catheter | \$123.66 | |
| 50686 | Manometric Studies Through Ureterostomy Or Indwelling Ureteral Catheter | \$134.61 | |
| 50688 | Change Of Ureterostomy Tube Or Externally Accessible Ureteral Stent Via Ileal Conduit | \$70.91 | |
| 50690 | Injection Of Bladder And Urinary Duct (Ureter) For X-Ray Imaging | \$106.55 | |
| 50693 | Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, With Existing Access Site | \$1,169.77 | |
| 50694 | Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, With New Access Site Without Separate Catheter | \$1,286.32 | |
| 50695 | Placement Of Stent Of Urinary Duct (Ureter), Accessed Through The Skin With Imaging Including Radiological Supervision And Interpretation, With New Access Site And Separate Catheter | \$1,338.80 | |
| 50700 | Ureteroplasty, Plastic Operation On Ureter (Eg, Stricture) | \$842.44 | |
| 50705 | Occlusion Of Urinary Duct (Ureter) Using Imaging Guidance With Radiological Supervision And Interpretation | \$1,865.66 | |
| 50706 | Balloon Dilation Treatment Of Stricture Of Urinary Duct (Ureter) Using Imaging Guidance With Radiological Supervision And Interpretation | \$841.70 | |
| 50715 | Ureterolysis, With Or Without Repositioning Of Ureter For Retroperitoneal Fibrosis | \$1,085.33 | |
| 50722 | Ureterolysis For Ovarian Vein Syndrome | \$925.18 | |
| 50725 | Ureterolysis For Retrocaval Ureter, With Reanastomosis Of Upper Urinary Tract Or Vena Cava | \$1,000.03 | |
| 50727 | Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy); | \$468.36 | |
| 50728 | Revision Of Urinary-Cutaneous Anastomosis (Any Type Urostomy); With Repair Of Fascial Defect And Hernia | \$662.58 | |
| 50740 | Connection Of Urinary Duct (Ureter) To Kidney To Dilated Upper End Of Urine Collecting Duct Within Kidney (Renal Pelvis) | \$1,088.55 | |
| 50750 | Connection Of Urinary Duct (Ureter) To Kidney To Urine-Collecting Space Within Kidney (Renal Calyx) | \$1,046.20 | |
| 50760 | Ureteroureterostomy | \$1,135.58 | |
| 50770 | Transureteroureterostomy, Anastomosis Of Ureter To Contralateral Ureter | \$1,046.20 | |
| 50780 | Ureteroneocystostomy; Anastomosis Of Single Ureter To Bladder | \$1,114.75 | |
| 50782 | Ureteroneocystostomy; Anastomosis Of Duplicated Ureter To Bladder | \$1,084.59 | |
| 50783 | Ureteroneocystostomy; With Extensive Ureteral Tailoring | \$1,022.85 | |
| 50785 | Ureteroneocystostomy; With Vesico-Psoas Hitch Or Bladder Flap | \$1,099.09 | |
| 50800 | Ureteroenterostomy, Direct Anastomosis Of Ureter To Intestine | \$840.71 | |
| 50810 | Connection Of Urinary Duct (Ureter) To Large Bowel With Creation Of Intestinal Reservoir For Urine And Opening From Reservoir Through Wall Of Abdomen Or Region Between Thighs | \$1,251.71 | |
| 50815 | Connection Of Urinary Duct (Ureter) To Large Bowel | \$1,112.65 | |
| 50820 | Ureteroileal Conduit (Ileal Bladder), Including Intestine Anastomosis (Bricker Operation) | \$1,321.24 | |
| 50825 | Continent Diversion, Including Intestine Anastomosis Using Any Segment Of Small And/Or Large Intestine (Kock Pouch Or Camey Enterocystoplasty) | \$1,492.23 | |
| 50830 | Urinary Undiversion (Eg, Taking Down Of Ureteroileal Conduit, Ureterosigmoidostomy Or Ureteroenterostomy With Ureteroureterostomy Or Ureteroneo- Cystostomy) | \$1,631.27 | |
| 50840 | Replacement Of All Or Part Of Ureter By Intestine Segment, Including Intestine Anastomosis | \$1,118.32 | |
| 50845 | Cutaneous Appendico-Vesicostomy | \$1,267.78 | |
| 50860 | Ureterostomy, Transplantation Of Ureter To Skin | \$955.45 | |
| 50900 | Ureterorrhaphy, Suture Of Ureter (Separate Procedure) | \$768.01 | |
| 50920 | Closure Of Ureterocutaneous Fistula | \$802.49 | |
| 50930 | Closure Of Ureterovisceral Fistula (Including Visceral Repair) | \$999.71 | |
| 50940 | Deligation Of Ureter | \$808.06 | |
| 50945 | Laparoscopy, Surgical, Ureterolithotomy | \$881.11 | |
| 50947 | Laparoscopy, Surgical; Ureteroneocystostomy With Cystoscopy And Ureteral Stent Placement | \$1,394.10 | |
| 50948 | Laparoscopy, Surgical; Ureteroneocystostomy Without Cystoscopy And Ureteral Stent Placement | \$1,153.76 | |
| 50949 | Unlisted Laparoscopy Procedure, Ureter | Price By Report | |
| 50951 | Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; Office | \$348.81 | |
| 50953 | Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Ureteral Catheterization, Office | \$368.68 | |
| 50955 | Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy, Office | \$392.57 | |
| 50957 | Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy, Office | \$396.17 | |
| 50961 | Ureteral Endoscopy Through Established Ureterostomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus, Office | \$358.21 | |
| 50970 | Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; | \$333.19 | |
| 50972 | Insertion Of Catheter Into Urinary Duct (Ureter) Using An Endoscope Through The Mid Ureter Level | \$322.06 | |
| 50974 | Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Biopsy | \$424.75 | |
| 50976 | Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Fulguration, With Or Without Biopsy | \$418.64 | |
| 50980 | Ureteral Endoscopy Through Ureterotomy, With Or Without Irrigation, Instillation, Or Ureteropyelography, Exclusive Of Radiologic Service; With Removal Of Foreign Body Or Calculus | \$320.10 | |
| 51020 | Cystotomy Or Cystostomy; With Fulguration And/Or Insertion Of Radioactive Material | \$431.45 | |
| 51030 | Cystotomy Or Cystostomy; With Cryosurgical Destruction Of Intravesical Lesion | \$434.49 | |
| 51040 | Cystostomy, Cystostomy With Drainage | \$297.62 | |
| 51045 | Cystotomy, With Insertion Of Ureteral Catheter (Separate Procedure) | \$459.23 | |
| 51050 | Cystolithotomy, Cystotomy With Removal Of Calculus, Without Vesical Neck Resection | \$431.67 | |
| 51060 | Transvesical Ureterolithotomy | \$533.37 | |
| 51065 | Cystotomy, With Calculus Basket Extraction And/Or Ultrasonic Or Electrohydraulic Fragmentation Of Ureteral Calculus | \$531.08 | |
| 51080 | Drainage Of Perivesical Or Prevesical Space Abscess | \$374.91 | |
| 51100 | Aspiration Of Bladder; By Needle | \$69.70 | |
| 51101 | Aspiration Of Bladder; By Trocar Or Intracatheter | \$151.35 | |
| 51102 | Aspiration Of Bladder; With Insertion Of Suprapubic Catheter | \$168.85 | |
| 51500 | Excision Of Urachal Cyst Or Sinus, With Or Without Umbilical Hernia Repair | \$647.44 | |
| 51520 | Cystotomy; For Simple Excision Of Vesical Neck (Separate Procedure) | \$545.15 | |
| 51525 | Cystotomy; For Excision Of Bladder Diverticulum, Single Or Multiple (Separate Procedure) | \$781.89 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 51530 | Cystotomy; For Excision Of Bladder Tumor | \$702.43 | |
| 51535 | Incision, Removal, Or Repair Of Abnormal Drainage Tract From Bladder Into Bowel | \$710.71 | |
| 51550 | Partial Removal Of Bladder, Simple | \$872.79 | |
| 51555 | Partial Removal Of Bladder, Complicated | \$1,142.77 | |
| 51565 | Cystectomy, Partial, With Reimplantation Of Ureter(S) Into Bladder (Ureteroneocystostomy) | \$1,170.17 | |
| 51570 | Complete Removal Of Bladder | \$1,479.95 | |
| 51575 | Complete Removal Of Bladder And Lymph Nodes On Both Sides Of Pelvis | \$1,647.16 | |
| 51580 | Complete Removal Of Bladder With Transplantation Of Urinary Ducts (Ureters) | \$1,717.70 | |
| 51585 | Complete Removal Of Bladder With Transplantation Of Urinary Ducts (Ureters) And Removal Of Lymph Nodes On Both Sides Of Pelvis | \$1,910.33 | |
| 51590 | Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Including Intestine Anastomosis; | \$1,746.06 | |
| 51595 | Cystectomy, Complete, With Ureteroileal Conduit Or Sigmoid Bladder, Including Bowel Anastomosis; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes | \$1,976.40 | |
| 51596 | Removal Of Bladder And Lymph Nodes On Both Sides Of Pelvis With Transplantation Of Urinary Ducts (Ureters) To Small And/Or Large Bowel With Creation Of Urinary Opening, Open Procedure | \$2,128.97 | |
| 51597 | Removal Of Bladder, Urinary Ducts (Ureters) | \$2,306.80 | |
| 51600 | Injection Procedure For Cystography Or Voiding Urethrocytography | \$235.14 | |
| 51605 | Injection Procedure For X-Ray Imaging Of The Bladder And Bladder Canal (Urethra) | \$35.03 | |
| 51610 | Injection Procedure For Retrograde Urethrocytography | \$91.57 | |
| 51700 | Bladder Irrigation, Simple, Lavage And/Or Instillation | \$81.07 | |
| 51701 | Insertion Of Non-Indwelling Bladder Catheter (Eg, Straight Catheterization For Residual Urine) | \$46.43 | |
| 51702 | Insertion Of Indwelling Bladder Catheter, Simple | \$65.56 | |
| 51703 | Insertion Of Indwelling Bladder Catheter, Complicated | \$152.88 | |
| 51705 | Simple Change Of Bladder Tube | \$102.04 | |
| 51710 | Complicated Change Of Bladder Tube | \$94.71 | |
| 51715 | Injection Of Implant Material Beneath Lining Of Bladder And/Or Bladder Canal (Urethra) Using Endoscope | \$266.15 | |
| 51720 | Instillation Of Anti-Cancer Drug Into Bladder | \$77.77 | |
| 51725 | Simple Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram) | \$162.73 | |
| 51726 | Complex Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram) | \$294.51 | |
| 51727 | Complex Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram) With Bladder Canal (Urethra) Pressure Studies | \$354.82 | |
| 51728 | Complex Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram) With Voiding Pressure Studies | \$318.01 | |
| 51729 | Complex Measurement Of Pressure Of Urine Flow In Bladder (Cystometrogram) With Bladder Canal (Urethra) Pressure And Voiding Pressure Studies | \$343.13 | |
| 51736 | Simple Uroflowmetry (Ufr) (Eg, Stop-Watch Flow Rate, Mechanical Uroflowmeter) | \$13.69 | |
| 51741 | Electronic Assessment Of Bladder Emptying | \$14.19 | |
| 51784 | Electromyography Studies (Emg) Of Anal Or Urethral Sphincter, Other Than Needle, Any Technique | \$66.91 | |
| 51785 | Needle Electromyography Studies (Emg) Of Anal Or Urethral Sphincter, Any Technique | \$314.88 | |
| 51792 | Assessment Of Muscle Signal Of Pelvic Nerves | \$194.86 | |
| 51797 | Voiding Pressure Studies, Intra-Abdominal (Ie, Rectal, Gastric, Intraperitoneal) (List Separately In Addition To Code For Primary Procedure) | \$206.02 | |
| 51798 | Measurement Of Post-Voiding Residual Urine And/Or Bladder Capacity By Ultrasound, Non-Imaging | \$11.03 | |
| 51800 | Cystoplasty Or Cystourethroplasty, Plastic Operation On Bladder And/Or Vesical Neck (Anterior Y-Plasty, Vesical Fundus Resection), Any Procedure, With Or Without Wedge Resection Of Posterior Vesical Neck | \$943.60 | |
| 51820 | Repair Of Bladder, Bladder Canal (Urethra) And Urinary Duct (Ureter) | \$986.92 | |
| 51840 | Anterior Vesicourethropepy, Or Urethropepy (Eg, Marshall-Marchetti-Krantz, Burch); Simple | \$641.09 | |
| 51841 | Anterior Vesicourethropepy, Or Urethropepy (Marshall-Marchetti-Krantz Type); Complicated (Eg, Secondary Repair) | \$741.56 | |
| 51845 | Abdomino-Vaginal Vesical Neck Suspension, With Or Without Endoscopic Control (Eg, Stamey, Raz, Modified Pereyra) | \$532.94 | |
| 51860 | Suture Of Wound, Injury, Or Rupture Of The Bladder | \$786.98 | |
| 51865 | Suture Of Wound, Injury, Or Rupture Of Bladder | \$905.98 | |
| 51880 | Closure Of Cystostomy (Separate Procedure) | \$472.04 | |
| 51900 | Repair Of Abnormal Drainage Tract From Bladder Into The Vagina, Abdominal Approach | \$751.20 | |
| 51920 | Closure Of Vesicouterine Fistula; | \$696.42 | |
| 51925 | Closure Of Vesicouterine Fistula; With Hysterectomy | \$990.22 | |
| 51940 | Closure, Exstrophy Of Bladder | \$1,652.22 | |
| 51960 | Enterocystoplasty, Including Intestinal Anastomosis | \$1,257.03 | |
| 51980 | Cutaneous Vesicostomy | \$745.31 | |
| 51990 | Laparoscopy, Surgical; Urethral Suspension For Stress Incontinence | \$678.88 | |
| 51992 | Laparoscopy, Surgical; Sling Operation For Stress Incontinence (Eg, Fascia Or Synthetic) | \$758.51 | |
| 51999 | Unlisted Laparoscopy Procedure, Bladder | Price By Report | |
| 52000 | Cystourethroscopy (Separate Procedure), Office; | \$239.24 | |
| 52001 | Cystourethroscopy With Irrigation And Evacuation Of Multiple Obstructing Clots | \$430.15 | |
| 52005 | Insertion Of Catheter Into Urinary Duct (Ureter) Using An Endoscope Through The Bladder Area | \$345.59 | |
| 52007 | Cystourethroscopy (Separate Procedure), Office; With Ureteral Catheterization And Brush Biopsy Of Ureter Or Renal Pelvis For Cytology | \$442.09 | |
| 52010 | Cystourethroscopy (Separate Procedure), Office; With Ejaculatory Duct Catheterization | \$371.23 | |
| 52204 | Cystourethroscopy, With Biopsy; Office | \$271.66 | |
| 52214 | Destruction Of Tissue In The Bladder, Bladder Canal (Urethra) Or Surrounding Glands Using An Endoscope | \$678.68 | |
| 52224 | Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) Or Treatment Of Minor (Less Than 0.5 Cm) Lesion(S), With Or Without Biopsy; Office | \$568.46 | |
| 52234 | Cystourethroscopy, With Fulguration (Including Cryosurgery Or Laser Surgery) And/Or Resection Of; Small Bladder Tumor(S) (0.5 Up To 2.0 Cm) | \$245.79 | |
| 52235 | Cystourethroscopy, With Fulguration (Including Cryosurgery) And/Or Resection Of; Medium Bladder Tumor(S) (2.0 To 5.0 Cm) | \$287.98 | |
| 52240 | Cystourethroscopy, With Fulguration (Including Cryosurgery) And/Or Resection Of; Large Bladder Tumor(S) | \$391.43 | |
| 52250 | Cystourethroscopy With Insertion Of Radioactive Substance, With Or Without Biopsy Or Fulguration | \$215.22 | |
| 52260 | Cystourethroscopy, With Dilatation Of Bladder For Interstitial Cystitis; General Or Conduction (Spinal) Anesthesia | \$210.51 | |
| 52265 | Cystourethroscopy, With Dilatation Of Bladder For Interstitial Cystitis; Local Anesthesia | \$267.05 | |
| 52270 | Incision Of The Bladder Canal (Urethra) Using An Endoscope, Female | \$410.06 | |
| 52275 | Incision Of The Bladder Canal (Urethra) Using An Endoscope, Male | \$525.02 | |
| 52276 | Cystourethroscopy With Direct Vision Internal Urethrotomy | \$264.10 | |
| 52277 | Cystourethroscopy, With Resection Of External Sphincter (Sphincterotomy) | \$290.51 | |
| 52281 | Cystourethroscopy, With Calibration And/Or Dilatation Of Urethral Stricture Or Stenosis, With Or Without Meatotomy, With Or Without Injection Procedure For Cystography, Male Or Female | \$351.54 | |
| 52282 | Cystourethroscopy, With Insertion Of Permanent Urethral Stent | \$301.97 | |
| 52283 | Cystourethroscopy, With Steroid Injection Into Stricture; Office | \$248.92 | |
| 52285 | Cystourethroscopy For Treatment Of The Female Urethral Syndrome With Any Or All Of The Following: Urethral Meatotomy, Urethral Dilatation, Internal Urethrotomy, Lysis Of Urethrovaginal Septal Fibrosis, Lateral Incisions Of The Bladder Neck, And Fulguration Of Urethral | \$272.53 | |
| 52287 | Cystourethroscopy, With Injection(S) For Chemodenervation Of The Bladder | \$406.16 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 52290 | Cystourethroscopy; With Ureteral Meatotomy, Unilateral Or Bilateral | \$219.25 | |
| 52300 | Removal Or Destruction Of Abnormal Pouches Of Urinary Duct (Ureter) At Bladder, Orthotopic Ureterocele(S), Using An Endoscope | \$251.65 | |
| 52301 | Removal Or Destruction Of Abnormal Pouches Of Urinary Duct (Ureter) At Bladder, Ectopic Ureterocele(S), Using An Endoscope | \$260.49 | |
| 52305 | Cystourethroscopy; With Incision Or Resection Of Orifice Of Bladder Diverticulum, Single Or Multiple | \$250.02 | |
| 52310 | Removal Of Foreign Body, Stone, Or Stent From Bladder Canal (Urethra) Or Bladder Using An Endoscope | \$358.35 | |
| 52315 | Complicated Removal Of Foreign Body, Stone, Or Stent From Bladder Canal (Urethra) Or Bladder Using An Endoscope | \$386.20 | |
| 52317 | Crushing, Fragmenting, And Removal Of (Less Than 2.5 Centimeters) Bladder Stone | \$654.07 | |
| 52318 | Crushing, Fragmenting, And Removal Of Bladder Stones, Complicated Or Larger Than 2.5 Centimeters | \$472.31 | |
| 52320 | Cystourethroscopy (Including Ureteral Catheterization); With Removal Of Ureteral Calculus | \$246.15 | |
| 52325 | Cystourethroscopy (Including Ureteral Catheterization); With Fragmentation Of Ureteral Calculus (Eg, Ultrasonic Or Electro-Hydraulic Technique) | \$319.52 | |
| 52327 | Cystourethroscopy (Including Ureteral Catheterization); With Subureteric Injection Of Implant Material | \$261.71 | |
| 52330 | Cystourethroscopy; With Manipulation, Without Removal Of Ureteral Calculus | \$586.96 | |
| 52332 | Cystourethroscopy, With Insertion Of Indwelling Ureteral Stent (Eg, Gibbons Or Double-J Type) | \$436.33 | |
| 52334 | Cystourethroscopy With Insertion Of Ureteral Guide Wire Through Kidney To Establish A Percutaneous Nephrostomy, Retrograde | \$164.46 | |
| 52341 | Endoscope Of The Bladder And Urethra Excluding The Ureter To Treat A Stricture Of Ureter | \$255.15 | |
| 52342 | Cystourethroscopy; With Treatment Of Ureteropelvic Junction Stricture (Eg, Balloon Dilation, Laser, Electrocautery, And Incision) | \$277.75 | |
| 52343 | Endoscope Of The Bladder And Urethra Excluding The Ureter To Treat A Stricture Within The Kidney | \$309.28 | |
| 52344 | Endoscope Of The Bladder, Urethra And Ureter To Treat A Stricture Of Ureter | \$332.09 | |
| 52345 | Endoscope Of The Bladder, Urethra And Ureter To Treat A Stricture Of The Upper Attachment Of The Ureter To The Kidney | \$354.24 | |
| 52346 | Endoscope Of The Bladder, Urethra And Ureter To Treat A Stricture Within The Kidney | \$401.16 | |
| 52351 | Diagnostic Examination Of The Bladder, Bladder Canal (Urethra), And Urinary Duct (Ureter) Or Kidney Using An Endoscope | \$302.17 | |
| 52352 | Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Removal Or Manipulation Of Calculus (Ureteral Catheterization Is Included) | \$353.70 | |
| 52353 | Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Lithotripsy (Ureteral Catheterization Is Included) | \$391.43 | |
| 52354 | Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Biopsy And/Or Fulguration Of Ureteral Or Renal Pelvic Lesion | \$416.40 | |
| 52355 | Cystourethroscopy, With Ureteroscopy And/Or Pyeloscopy; With Resection Of Ureteral Or Renal Pelvic Tumor | \$419.51 | |
| 52356 | Crushing Of Stone In Urinary Duct (Ureter) With Stent Using An Endoscope | \$414.95 | |
| 52400 | Incision, Destruction, Or Removal Of Congenital Bladder And Bladder Canal (Urethra) Defects Using An Endoscope | \$433.34 | |
| 52402 | Incision Or Removal Of Ejaculatory Ducts Using An Endoscope, Male | \$238.90 | |
| 52441 | Insertion Of Implant In Bladder Canal (Urethra) Within Prostate Gland Using An Endoscope, Single Implant | \$1,384.44 | |
| 52442 | Insertion Of Implant In Bladder Canal (Urethra) Within Prostate Gland Using An Endoscope, Each Additional Implant | \$977.75 | |
| 52450 | Transurethral Incision Of Prostate | \$434.18 | |
| 52500 | Transurethral Resection Of Bladder Neck (Separate Procedure) | \$450.09 | |
| 52601 | Transurethral Electrosurgical Resection Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included) | \$736.83 | |
| 52630 | Transurethral Resection; Residual Or Regrowth Of Obstructive Prostate Tissue Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included) | \$412.68 | |
| 52640 | Transurethral Resection; Of Postoperative Bladder Neck Contracture | \$295.55 | |
| 52647 | Laser Coagulation Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included If Performed) | \$1,527.60 | |
| 52648 | Laser Vaporization Of Prostate, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, Internal Urethrotomy And Transurethral Resection Of Prostate Are Included If Performed) | \$1,573.87 | |
| 52649 | Laser Enucleation Of The Prostate With Morcellation, Including Control Of Postoperative Bleeding, Complete (Vasectomy, Meatotomy, Cystourethroscopy, Urethral Calibration And/Or Dilation, Internal Urethrotomy And Transurethral Resection Of Prostate Are In | \$753.04 | |
| 52700 | Transurethral Drainage Of Prostatic Abscess | \$404.28 | |
| 53000 | Urethrotomy Or Urethrostomy, External (Separate Procedure); Pendulous Urethra | \$136.16 | |
| 53010 | Urethrotomy Or Urethrostomy, External (Separate Procedure); Perineal Urethra, External | \$272.98 | |
| 53020 | Meatotomy, Cutting Of Meatus (Separate Procedure), Except Infant; Office | \$97.13 | |
| 53025 | Incision Of External Urinary Opening, Infant | \$61.86 | |
| 53040 | Drainage Of Deep Periurethral Abscess | \$359.31 | |
| 53060 | Drainage Of Abscess Or Cyst Of Skene'S Glands, Male | \$173.84 | |
| 53080 | Drainage Of Abnormal Urine Collection, Uncomplicated | \$385.61 | |
| 53085 | Drainage Of Abnormal Urine Collection, Complicated | \$593.61 | |
| 53200 | Biopsy Of Urethra | \$144.70 | |
| 53210 | Removal Of Bladder And Bladder Canal (Urethra), Female | \$707.46 | |
| 53215 | Removal Of Bladder And Bladder Canal (Urethra), Male | \$843.56 | |
| 53220 | Excision Or Fulguration Of Carcinoma Of Urethra | \$413.44 | |
| 53230 | Excision Of Urethral Diverticulum (Separate Procedure); Female | \$557.10 | |
| 53235 | Excision Of Urethral Diverticulum (Separate Procedure); Male | \$598.83 | |
| 53240 | Marsupialization Of Urethral Diverticulum, Male Or Female | \$389.45 | |
| 53250 | Removal Of Seminal Fluid Gland | \$363.24 | |
| 53260 | Excision Or Fulguration; Urethral Polyp(S), Distal Urethra | \$191.27 | |
| 53265 | Excision Or Fulguration; Urethral Caruncle | \$200.08 | |
| 53270 | Removal Or Destruction Of Bladder Canal (Urethra) Mucous Glands | \$195.85 | |
| 53275 | Excision Or Fulguration; Urethral Prolapse | \$239.99 | |
| 53400 | Repair Of Bladder Canal (Urethra) For Abnormal Drainage Tract, Pouching, Or Narrowing | \$728.94 | |
| 53405 | Urethroplasty; Second Stage (Formation Of Urethra), Including Urinary Diversion | \$795.07 | |
| 53410 | Reconstruction Of Bladder Canal (Urethra), Male | \$891.57 | |
| 53415 | Urethroplasty, Transpubic, One Stage, For Reconstruction Or Repair Of Prostatic Or Membranous Urethra | \$1,026.56 | |
| 53420 | Reconstruction Or Repair Of Prostatic Or Membranous Bladder Canal (Urethra), First Stage | \$765.84 | |
| 53425 | Reconstruction Or Repair Of Prostatic Or Membranous Bladder Canal (Urethra), Second Stage | \$851.73 | |
| 53430 | Reconstruction Of Bladder Canal (Urethra), Female | \$882.40 | |
| 53431 | Repair Of Bladder Canal (Urethra) And/Or Lower Bladder For Incontinence | \$1,046.52 | |
| 53440 | Sling Operation For Correction Of Male Urinary Incontinence (Eg, Fascia Or Synthetic) | \$686.49 | |
| 53442 | Removal Or Revision Of Sling For Male Urinary Incontinence (Eg, Fascia Or Synthetic) | \$717.45 | |
| 53444 | Insertion Of Tandem Cuff (Dual Cuff) | \$723.17 | |
| 53445 | Insertion Of Inflatable Urethral/Bladder Neck Sphincter, Including Placement Of Pump, Reservoir, And Cuff | \$691.15 | |
| 53446 | Removal Of Inflatable Urethral/Bladder Neck Sphincter, Including Pump, Reservoir, And Cuff | \$587.94 | |
| 53447 | Removal And Replacement Of Inflatable Urethral/Bladder Neck Sphincter Including Pump, Reservoir, And Cuff At The Same Operative Session | \$735.82 | |
| 53448 | Removal And Replacement Of Inflatable Bladder Canal (Urethra) Or Bladder Neck Sphincter, Through An Infected Field | \$1,159.04 | |
| 53449 | Repair Of Inflatable Bladder Canal (Urethra) Or Bladder Neck Sphincter, Including Pump, Reservoir, And Cuff | \$560.54 | |
| 53450 | Urethral Meatoplasty, With Mucosal Advancement | \$352.84 | |
| 53451 | Insertion Of Adjustable Balloon Continence Device On Both Sides Of Urethra Using Imaging Guidance | Price By Report | PA Required |
| 53452 | Insertion Of Adjustable Balloon Continence Device On One Side Of Urethra Using Imaging Guidance | Price By Report | PA Required |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 53453 | Removal Of Adjustable Balloon Continence Device From Beside Urethra | Price By Report | PA Required |
| 53454 | Adjustment Of Fluid Volume In Adjustable Balloon Continence Device Beside Urethra | Price By Report | PA Required |
| 53460 | Urethral Meatoplasty, With Partial Excision Of Distal Urethral Segment (Richardson Type Procedure) | \$419.13 | |
| 53500 | Urethrolisis, Transvaginal, Secondary, Open, Including Cystourethroscopy (Eg, Postsurgical Obstruction, Scarring) | \$680.60 | |
| 53502 | Suture Of Bladder Canal (Urethra) Wound Or Injury, Female | \$444.87 | |
| 53505 | Suture Of Bladder Canal (Urethra) Wound Or Injury, Penis | \$444.55 | |
| 53510 | Urethrorrhaphy, Suture Of Urethral Wound Or Injury; Perineal | \$578.22 | |
| 53515 | Suture Of Bladder Canal (Urethra) Wound Or Injury, Prostate | \$724.91 | |
| 53520 | Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) To Skin, Male | \$586.57 | |
| 53600 | Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Initial | \$82.36 | |
| 53601 | Dilation Of Urethral Stricture By Passage Of Sound Or Urethral Dilator, Male; Subsequent | \$58.23 | |
| 53605 | Dilation Of Narrowing Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Male | \$57.51 | |
| 53620 | Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Initial | \$164.48 | |
| 53621 | Dilation Of Urethral Stricture By Passage Of Filiform And Follower, Male; Subsequent | \$145.23 | |
| 53660 | Dilation Of Bladder Canal (Urethra), Female, Initial | \$66.99 | |
| 53661 | Dilation Of Bladder Canal (Urethra), Female, Subsequent | \$69.70 | |
| 53665 | Dilation Of Bladder Canal (Urethra) Under General Or Spinal Anesthesia, Female | \$34.49 | |
| 53850 | Destruction Of Prostate Tissue Through Bladder Canal (Urethra); By Microwave | \$1,411.64 | |
| 53852 | Destruction Of Prostate Tissue Through Bladder Canal (Urethra); By Radiofrequency | \$1,375.15 | |
| 53854 | Destruction Of Prostate Tissue Accessed Through Urethra Using Radiofrequency Generated Water Vapor Heat Therapy | \$1,856.79 | |
| 53855 | Insertion Of A Temporary Bladder Canal (Urethra) Stent, Male, Using An Endoscope | \$659.93 | |
| 53860 | Transurethral Radiofrequency Micro-Remodeling Of The Female Bladder Neck And Proximal Urethra For Stress Urinary Incontinence | \$2,416.94 | |
| 53899 | Unlisted Procedure, Urinary System | Price By Report | |
| 54000 | Slitting Of Prepuce, Dorsal Or Lateral, (Separate Procedure); Newborn | \$154.34 | |
| 54001 | Slitting Of Prepuce, Dorsal Or Lateral, (Separate Procedure); Except Newborn | \$186.63 | |
| 54015 | Incision And Drainage Of Penis, Deep | \$278.04 | |
| 54050 | Chemical Destruction Of Growths Of Penis | \$98.61 | |
| 54055 | Destruction Of Condylomata, Penis, Multiple; Electrodesiccation | \$128.57 | |
| 54056 | Destruction Of Lesion(S), Penis (Eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Cryosurgery | \$99.09 | |
| 54057 | Destruction Of Lesion(S), Penis (Eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Simple; Laser Surgery | \$133.71 | |
| 54060 | Destruction Of Condylomata, Penis, Multiple; Surgical Excision | \$184.88 | |
| | Destruction Of Lesion(S), Penis (Eg, Condyloma, Papilloma, Molluscum Contagiosum, Herpetic Vesicle), Extensive (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery) | \$201.33 | |
| 54100 | Biopsy Of Penis As A Separate Procedure | \$192.60 | |
| 54105 | Biopsy Of The Deep Structures Of The Penis | \$258.10 | |
| 54110 | Excision Of Penile Plaque (Peyronie Disease) | \$572.89 | |
| 54111 | Excision Of Penile Plaque (Peyronie Disease); With Graft To 5 Cm In Length | \$727.63 | |
| 54112 | Excision Of Penile Plaque (Peyronie Disease); With Graft Greater Than 5 Cm In Length | \$852.81 | |
| 54115 | Removal Foreign Body From Deep Penile Tissue (Eg, Plastic Implant) | \$421.60 | |
| 54120 | Amputation Of Penis; Partial | \$577.58 | |
| 54125 | Amputation Of Penis; Complete | \$746.77 | |
| 54130 | Amputation Of Penis, Radical; With Bilateral Inguinofemoral Lymphadenectomy | \$1,084.07 | |
| | | | |
| 54135 | Amputation Of Penis, Radical; In Continuity With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes | \$1,369.46 | |
| 54150 | Circumcision, Using Clamp / Other | \$154.68 | |
| 54160 | Removal Of Foreskin, Neonate (28 Days Of Age Or Less) | \$230.40 | |
| 54161 | Removal Of Foreskin, Patient Older Than 28 Days Of Age | \$200.53 | |
| 54162 | Lysis Or Excision Of Penile Post-Circumcision Adhesions | \$268.12 | |
| 54163 | Repair Incomplete Circumcision | \$228.36 | |
| 54164 | Frenulotomy Of Penis | \$178.49 | |
| 54200 | Injection Procedure For Peyronie Disease; | \$108.63 | |
| 54205 | Injection Procedure For Peyronie Disease; With Surgical Exposure Of Plaque | \$487.53 | |
| 54220 | Irrigation Of Corpora Cavemosa For Priapism | \$205.32 | |
| 54230 | Injection Procedure For Corpora Cavernosography | \$98.41 | |
| 54231 | Dynamic Cavernosometry, Including Intracavernosal Injection Of Vasocactive Drugs (Eg, Papaverine, Phentolamine) | \$131.58 | |
| 54235 | Injection Of Corpora Cavemosa With Pharmacologic Agent(S) (Eg, Papaverine, Phentolamine, Etc) | \$78.44 | |
| 54240 | Penile Plethysmography | \$97.86 | |
| 54300 | Plastic Operation Of Penis For Straightening Of Chordee (Eg, Hypospadias), With Or Without Mobilization Of Urethra; | \$638.41 | |
| | Plastic Operation On Penis For Correction Of Chordee Or For First Stage Hypospadias Repair With Or Without Transplantation Of Prepuce And/Or Skin Flaps | \$758.05 | |
| 54304 | Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Less Than 3 Cm | \$653.75 | |
| 54312 | Repair Of Urinary Outlet Of Penis At Underside Of Penis, Stage 2 Greater Than 3 Cm | \$746.06 | |
| | Urethroplasty For Second Stage Hypospadias Repair (Including Urinary Diversion) With Free Skin Graft Obtained From Site Other Than Genitalia | \$904.98 | |
| 54316 | | | |
| 54318 | Urethroplasty For Third Stage Hypospadias Repair To Release Penis From Scrotum (Eg, Third Stage Cecil Repair) | \$649.81 | |
| 54322 | Repair Of Urinary Outlet At Underside Of Penis Simple, Relocation, Stage 1 | \$831.03 | |
| | One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps (Eg, Flip-Flap, Prepuccial Flap) | \$978.97 | |
| 54324 | | | |
| | One Stage Distal Hypospadias Repair (With Or Without Chordee Or Circumcision); With Urethroplasty By Local Skin Flaps And Mobilization Of Urethra | \$953.01 | |
| 54326 | | | |
| 54328 | Repair Of Urinary Outlet At Underside Of Head Of Penis With Local Skin Flaps, Skin Graft Patch, And/Or Island Flap | \$852.48 | |
| 54332 | Proximal Repair Of Urinary Outlet At Underside Of Base Of Penis With Skin Graft Tube And/Or Island Flap | \$919.16 | |
| 54336 | Proximal Repair Of Urinary Outlet Between Thighs In Male, With Skin Graft Tube And/Or Island Flap | \$1,080.23 | |
| 54340 | Repair Of Urinary Outlet At Underside Of Penis, Simple With Surgical Revision | \$521.37 | |
| 54344 | Repair Of Urinary Outlet Of Penis Complication With Mobilization Of Skin Graft Or Flap | \$859.91 | |
| 54348 | Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Extensive | \$919.16 | |
| 54352 | Repair Of Urinary Outlet Of Penis With Skin Graft Or Flap, Secondary Revision Of Prior Surgery | \$1,283.67 | |
| 54360 | Plastic Operation On Penis To Correct Angulation | \$731.00 | |
| 54380 | Plastic Repair Of Urinary Outlet Of Penis Without Incontinence | \$729.04 | |
| 54385 | Plastic Repair Of Urinary Outlet Of Penis With Incontinence | \$848.55 | |
| 54390 | Plastic Operation On Penis For Epispadias Distal To External Sphincter; With Exstrophy Of Bladder | \$1,128.27 | |
| 54400 | Insertion Of Penile Prosthesis Non-Inflatable (Semi-Rigid) | \$487.21 | |
| 54401 | Insertion Of Penile Prosthesis Inflatable (Self Contained) | \$609.05 | |
| 54406 | Removal Of All Components Of A Multi-Component, Inflatable Penile Prosthesis Without Replacement Of Prosthesis | \$667.29 | |
| 54408 | Repair Of Component(S) Of A Multi-Component, Inflatable Penile Prosthesis | \$721.62 | |
| 54410 | Removal And Replacement Of All Component(S) Of A Multi-Component, Inflatable Penile Prosthesis At The Same Operative Session | \$787.43 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 54411 | Operative Session, Including Irrigation And Debridement Of Infected Tissue | \$937.68 | |
| 54415 | Removal Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis, Without Replacement Of Prosthesis | \$486.87 | |
| 54416 | Removal And Replacement Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis At The Same Operative Session | \$655.37 | |
| 54417 | Same Operative Session, Including Irrigation And Debridement Of Infected Tissue | \$818.87 | |
| 54420 | Corpora Cavernosa-Saphenous Vein Shunt (Priapism Operation), Unilateral Or Bilateral | \$641.63 | |
| 54430 | Corpora Cavernosa-Corpus Spongiosum Shunt Or Corpora Cavernosa-Glans Penis Shunt (Priapism Operation), Unilateral Or Bilateral | \$584.01 | |
| 54435 | Corpora Cavernosa-Glans Penis Fistulization (Eg, Biopsy Needle, Winter Procedure, Rongeur, Or Punch) (Priapism Operation) | \$379.82 | |
| 54437 | Repair Of Penis | \$619.89 | |
| 54438 | Replantation Of Amputated Penis | \$1,214.37 | |
| 54440 | Plastic Operation Of Penis For Injury | \$739.59 | |
| 54450 | Foreskin Manipulation Including Lysis Of Preputial Adhesions And Stretching | \$69.46 | |
| 54500 | Biopsy Of Testis, Needle (Separate Procedure) | \$67.34 | |
| 54505 | Biopsy Of Testis, Incisional (Separate Procedure) | \$191.71 | |
| 54512 | Excision Of Extraparenchymal Lesion Of Testis | \$490.82 | |
| 54520 | Removal Of Testicle | \$333.68 | |
| 54522 | Orchiectomy, Partial | \$537.31 | |
| 54530 | Removal Of One Testis (Testicle) For Tumor, Groin Approach | \$517.10 | |
| 54535 | Removal Of One Testis (Testicle) For Tumor, Abdominal Approach | \$678.85 | |
| 54550 | Exploration For Undescended Testis (Inguinal Or Scrotal Area) | \$527.89 | |
| 54560 | Exploration For Undescended Testis With Abdominal Exploration | \$627.66 | |
| 54600 | Reduction Of Torsion Of Testis, Surgical, With Or Without Fixation Of Contralateral Testis | \$467.43 | |
| 54620 | Fixation Of Contralateral Testis (Separate Procedure) | \$302.75 | |
| 54640 | Repositioning And Fixation Of Mislplaced Testicle | \$437.02 | |
| 54650 | Orchiopexy, Abdominal Approach, For Intra-Abdominal Testis (Eg, Fowler-Stephens) | \$722.74 | |
| 54670 | Suture Or Repair Of Testicular Injury | \$375.78 | |
| 54680 | Transplantation Of Testis(Es) To Thigh (Because Of Scrotal Destruction) | \$718.25 | |
| 54690 | Laparoscopy, Surgical; Orchiectomy | \$598.00 | |
| 54692 | Laparoscopy, Surgical; Orchiopexy For Intra-Abdominal Testis | \$764.85 | |
| 54699 | Unlisted Laparoscopy Procedure, Testis | Price By Report | |
| 54700 | Incision And Drainage Of Sperm Reservoir, Testis, And/Or Scrotal Area | \$179.93 | |
| 54800 | Biopsy Of Epididymis, Needle | \$113.27 | |
| 54830 | Excision Of Local Lesion Of Epididymis | \$358.65 | |
| 54840 | Excision Of Spermatocoele, With Or Without Epididymectomy | \$296.12 | |
| 54860 | Epididymectomy; Unilateral | \$384.30 | |
| 54861 | Epididymectomy; Bilateral | \$520.38 | |
| 54865 | Exploration Epididymis W/ Or W/O Biop. | \$330.50 | |
| 55000 | Puncture Aspiration Of Hydrocele, With Or Without Injection Of Medication | \$106.00 | |
| 55040 | Excision Of Hydrocele; Unilateral | \$345.42 | |
| 55041 | Excision Of Hydrocele; Bilateral | \$521.46 | |
| 55060 | Repair Of Hydrocele (Bottle Type) | \$371.67 | |
| 55100 | Drainage Of Scrotal Wall Abscess | \$203.35 | |
| 55110 | Scrotal Exploration | \$365.67 | |
| 55120 | Removal Of Foreign Body In Scrotum | \$326.13 | |
| 55150 | Resection Of Scrotum | \$453.09 | |
| 55175 | Scrotoplasty; Simple | \$392.58 | |
| 55180 | Scrotoplasty; Complicated | \$708.39 | |
| 55200 | Vasotomy, Cannulization With Or Without Incision Of Vas, Unilateral Or Bilateral (Separate Procedure) | \$363.03 | |
| 55250 | Vasectomy, Unilateral Or Bilateral (Separate Procedure), Including Postoperative Semen Examination(S) | \$243.64 | |
| 55300 | Vasotomy For Vasograms, Seminal Vesiculograms, Or Epididymograms, Unilateral Or Bilateral | \$168.17 | |
| 55500 | Excision Of Hydrocele Of Spermatic Cord, Unilateral (Separate Procedure) | \$401.80 | |
| 55520 | Excision Of Lesion Of Spermatic Cord (Separate Procedure) | \$413.65 | |
| 55530 | Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; (Separate Procedure) | \$359.86 | |
| 55535 | Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; Abdominal Approach | \$394.78 | |
| 55540 | Excision Of Varicocele Or Ligation Of Spermatic Veins For Varicocele; With Hernia Repair | \$498.56 | |
| 55550 | Laparoscopy, Surgical, With Ligation Of Spermatic Veins For Varicocele | \$393.80 | |
| 55559 | Unlisted Laparoscopy Procedure, Spermatic Cord | Price By Report | |
| 55600 | Vesiculotomy | \$387.03 | |
| 55605 | Vesiculotomy; Complicated | \$480.11 | |
| 55650 | Vesiculectomy, Any Approach | \$656.16 | |
| 55680 | Excision Of Mullerian Duct Cyst | \$318.94 | |
| 55700 | Biopsy, Prostate; Needle Or Punch, Single Or Multiple, Any Approach | \$168.61 | |
| 55705 | Biopsy, Prostate; Incisional, Any Approach | \$242.15 | |
| 55706 | Biopsies, Prostate, Needle, Transperineal, Stereotactic Template Guided Saturation Sampling, Including Imaging Guidance | \$344.47 | |
| 55720 | Prostatotomy, External Drainage Of Prostatic Abscess, Any Approach; Simple | \$461.76 | |
| 55725 | Prostatotomy, External Drainage Of Prostatic Abscess, Any Approach; Complicated | \$545.03 | |
| 55801 | Prostatectomy, Including Control Of Postoperative Bleeding During Initial Hospitalization, Complete (Vasectomy, Meatotomy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included), Perineal, Subtotal | \$996.19 | |
| 55810 | Removal Of Prostate Gland, Glands For Sperm Movement (Semen), And Sperm Duct | \$1,186.02 | |
| 55812 | Prostatectomy, Perineal Radical; With Lymph Node Biopsy(S) | \$1,457.74 | |
| 55815 | Prostatectomy, Perineal Radical; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes | \$1,595.58 | |
| 55821 | Prostatectomy, Including Control Of Postoperative Bleeding During Initial Hospitalization, Complete (Vasectomy, Meatotomy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included); Suprapubic, Subtotal, One Or Two Stages | \$794.52 | |
| 55831 | Prostatectomy, Including Control Of Postoperative Bleeding During Initial Hospitalization, Complete (Vasectomy, Meatotomy, Urethral Calibration And/Or Dilation, And Internal Urethrotomy Are Included); Retropubic, Subtotal | \$859.71 | |
| 55840 | Prostatectomy, Retropubic Radical, With Or Without Nerve Sparing; | \$1,061.81 | |
| 55842 | Prostatectomy, Retropubic Radical; With Lymph Node Biopsy(S) | \$1,062.14 | |
| 55845 | Prostatectomy, Retropubic Radical; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes | \$1,234.14 | |
| 55860 | Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; | \$796.28 | |
| 55862 | Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; With Lymph Node Biopsy(S) (Limited Pelvic Lymphadenectomy) | \$995.34 | |
| 55865 | Exposure Of Prostate, Any Approach, For Insertion Of Radioactive Substance; With Bilateral Pelvic Lymphadenectomy, Including External Iliac, Hypogastric And Obturator Nodes | \$1,212.19 | |
| 55866 | Laparoscopy, Surgical Prostatectomy, Retropubic Radical, Including Nerve Sparing, Includes Robotic Assistance, When Performed | \$1,451.18 | |
| 55867 | Simple Surgical Subtotal Removal Of Prostate Using Laparoscope | \$896.90 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 55873 | Cryosurgical Ablation Of The Prostate (Includes Ultrasonic Guidance And Monitoring) | \$5,786.19 | |
| 55874 | Injection Of Biodegradable Material Next To Prostate | \$3,222.71 | |
| 55875 | Transperineal Place Needles/Cath. Prostate | \$791.26 | |
| 55876 | Placement Of Interstitial Device(S) For Radiation Therapy Guidance (Eg, Fiducial Markers, Dosimeter), Prostate (Via Needle, Any Approach), Single Or Multiple | \$142.45 | |
| 55880 | High-Intensity Ultrasound Destruction Of Cancerous Tissue In Prostate Gland, Accessed Through Rectum Using Ultrasound Guidance | \$891.47 | |
| 55899 | Unlisted Procedure, Male Genital System | Price By Report | |
| 55920 | Placement Of Needles Or Catheters Into Pelvic Organs And/ Or Genitalia (Except Prostate) For Subsequent Interstitial Radioelement Application | \$470.76 | |
| 56405 | Incision And Drainage Of Vulva Or Perineal Abscess | \$127.45 | |
| 56420 | Incision And Drainage Of Female Genital Gland Abscess | \$140.21 | |
| 56440 | Creation Of Drainage Tract For Female Genital Gland Or Cyst | \$183.72 | |
| 56441 | Lysis Of Labial Adhesions | \$152.51 | |
| 56442 | Hymenotomy, Simple Incision | \$42.78 | |
| 56501 | Destruction Of Lesion(S), Vulva; Simple (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery) | \$150.17 | |
| 56515 | Destruction Of Lesion(S), Vulva; Extensive (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery) | \$243.72 | |
| 56605 | Biopsy Of External Female Genitals, 1 Lesion | \$98.43 | |
| 56606 | Biopsy Of External Female Genitals, Each Additional Lesion | \$35.36 | |
| 56620 | Partial Removal Of External Female Genitals, Simple | \$606.83 | |
| 56625 | Removal Of External Female Genitals. Complete | \$617.27 | |
| 56630 | Partial Removal Of External Female Genitals, Partial | \$883.72 | |
| 56631 | Vulvectomy, Radical, Partial; With Unilateral Inguinofemoral Lymphadenectomy | \$1,084.51 | |
| 56632 | Vulvectomy, Radical, Partial; With Bilateral Inguinofemoral Lymphadenectomy | \$1,318.87 | |
| 56633 | Vulvectomy, Radical, Complete; | \$1,126.52 | |
| 56634 | Vulvectomy, Radical, Complete; With Unilateral Inguinofemoral Lymphadenectomy | \$1,183.73 | |
| 56637 | Vulvectomy, Radical, Complete; With Bilateral Inguinofemoral Lymphadenectomy | \$1,384.28 | |
| 56640 | Vulvectomy, Radical, Complete, With Inguinofemoral, Iliac, And Pelvic Lymphadenectomy | \$1,395.06 | |
| 56700 | Partial Removal Of Membrane At Uterine Opening, Open Procedure | \$181.66 | |
| 56740 | Removal Of Female Genital Gland Or Cyst | \$277.34 | |
| 56800 | Plastic Repair Of Introitus | \$233.01 | |
| 56805 | Clitoroplasty For Intersex State | \$1,067.46 | PA Required |
| 56810 | Perineoplasty, Repair Of Perineum, Non-Obstetrical (Separate Procedure) | \$282.17 | |
| 56820 | Colposcopy Of The Vulva; | \$116.25 | |
| 56821 | Colposcopy Of The Vulva; With Biopsy (S) | \$155.21 | |
| 57000 | Colpotomy; With Exploration | \$186.85 | |
| 57010 | Colpotomy; With Drainage Of Pelvic Abscess | \$423.34 | |
| 57020 | Colpocentesis (Separate Procedure) | \$119.60 | |
| 57022 | Incision And Drainage Of Vaginal Hematoma; Obstetrical/Postpartum | \$168.07 | |
| 57023 | Incision And Drainage Of Vaginal Hematoma; Non-Obstetrical (Eg, Post-Trauma, Spontaneous Bleeding) | \$332.82 | |
| 57061 | Destruction Of Vaginal Lesion(S); Simple (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery) | \$131.06 | |
| 57065 | Destruction Of Vaginal Lesion(S); Extensive (Eg, Laser Surgery, Electrosurgery, Cryosurgery, Chemosurgery) | \$234.99 | |
| 57100 | Biopsy Of Vaginal Mucosa; Simple (Separate Procedure) | \$71.21 | |
| 57105 | Biopsy Of Vaginal Mucosa; Extensive, Requiring Suture (Including Cysts) | \$168.87 | |
| 57106 | Vaginectomy, Partial Removal Of Vaginal Wall; | \$499.91 | |
| 57107 | Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy) | \$1,332.52 | |
| 57109 | Vaginectomy, Partial Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy) With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling (Biopsy) | \$1,579.01 | |
| 57110 | Vaginectomy, Complete Removal Of Vaginal Wall; | \$920.49 | |
| 57111 | Vaginectomy, Complete Removal Of Vaginal Wall; With Removal Of Paravaginal Tissue (Radical Vaginectomy) | \$1,579.01 | |
| 57120 | Suture Closure Of The Vagina And Vaginal Opening | \$490.47 | |
| 57130 | Excision Of Vaginal Septum | \$217.56 | |
| 57135 | Excision Of Vaginal Cyst Or Tumor | \$222.81 | |
| 57150 | Irrigation Of Vagina And/Or Application Of Drug To Treat Infection | \$56.62 | |
| 57155 | Insertion Of Uterine Tandem And/Or Vaginal Ovoids For Clinical Brachytherapy | \$412.26 | |
| 57156 | Insertion Of A Vaginal Radiation Afterloading Apparatus For Clinical Brachytherapy | \$237.58 | |
| 57160 | Fitting And Insertion Of Pessary Or Other Intravaginal Support Device | \$51.36 | |
| 57170 | Diaphragm Or Cervical Cap Fitting With Instructions | \$73.53 | |
| 57180 | Introduction Of Any Hemostatic Agent Or Pack For Spontaneous Or Traumatic Non-Obstetrical Hemorrhage (Separate Procedure) | \$192.52 | |
| 57200 | Colporrhaphy, Suture Of Injury Of Vagina (Nonobstetrical) | \$276.16 | |
| 57210 | Colpoperineorrhaphy, Suture Of Injury Of Vagina And/Or Perineum (Nonobstetrical) | \$348.84 | |
| 57220 | Plastic Operation On Urethral Sphincter, Vaginal Approach (Eg, Kelly Urethral Plication) | \$323.01 | |
| 57230 | Plastic Repair Of Urethrocele | \$387.99 | |
| 57240 | Repair Of Herniation Of Bladder Into Vaginal Wall | \$544.56 | |
| 57250 | Posterior Colporrhaphy, Repair Of Rectocele With Or Without Perineorrhaphy | \$530.49 | |
| 57260 | Plastic Repair Of Vagina And Tissue Separating Vagina, Rectum, And Bladder | \$731.41 | |
| 57265 | Repair Of Herniation Of Rectum And Bladder Into Vaginal Wall | \$821.40 | |
| 57267 | Insertion Of Mesh Or Other Prosthesis For Repair Of Pelvic Floor Defect, Each Site (Anterior, Posterior Compartment), Vaginal Approach (List Separately In Addition To Code For Primary Procedure) | \$226.09 | |
| 57268 | Repair Of Protrusion Of Intestine Into Rectum Or Vagina, Through Vagina | \$521.78 | |
| 57270 | Repair Of Protrusion Of Intestine Into Rectum Or Vagina, Through Abdominal | \$745.84 | |
| 57280 | Colpopexy, Abdominal Approach | \$884.89 | |
| 57282 | Colpopexy, Vaginal; Extra-Peritoneal Approach (Sacrospinous, Iliococcygeus) | \$637.63 | |
| 57283 | Colpopexy, Vaginal; Intra-Peritoneal Approach (Uterosacral, Levator Myorrhaphy) | \$712.50 | |
| 57284 | Repair Through Abdomen Of Vaginal Wall Defect, Open Procedure | \$764.03 | |
| 57285 | Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed); Vaginal Approach | \$730.54 | |
| 57287 | Removal Or Revision Of Sling For Stress Incontinence (Eg, Fascia Or Synthetic) | \$751.42 | |
| 57288 | Sling Operation For Stress Incontinence (Eg, Fascia Or Synthetic) | \$760.07 | |
| 57289 | Pereyra Procedure, Including Anterior Colporrhaphy | \$731.08 | |
| 57291 | Construction Of Artificial Vagina; Without Graft | \$506.87 | |
| 57292 | Construction Of Artificial Vagina; With Graft | \$758.86 | |
| 57295 | Revision (Including Removal) Of Prosthetic Vaginal Graft, Vaginal Approach | \$464.04 | |
| 57296 | Revision And Removal Of Prosthetic Vaginal Graft, Open Procedure | \$875.79 | |
| 57300 | Closure Of Rectovaginal Fistula; Vaginal Approach | \$567.64 | |
| 57305 | Closure Of Abnormal Drainage Tract From Abdomen | \$901.43 | |
| 57307 | Closure Of Abnormal Drainage Tract From Rectum Into Vagina With Creation Of Large Bowel Opening, Open Abdominal Procedure | \$1,003.79 | |
| 57308 | Closure Of Rectovaginal Fistula; Transperineal Approach, With Perineal Body Reconstruction, With Or Without Levator Plication | \$612.71 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|------------|-------------------|
| 57310 | Closure Of Abnormal Drainage Tract From Bladder Canal (Urethra) Into Vagina | \$457.92 | |
| 57311 | Closure Of Abnormal Drainage Tract From Urinary Canal (Urethra) Into Vagina, With Transplant | \$514.89 | |
| 57320 | Closure Of Abnormal Drainage Tract From Bladder Into Vagina | \$520.95 | |
| 57330 | Closure Of Abnormal Drainage Tract From The Urinary Bladder Into Vagina | \$706.53 | |
| 57335 | Vaginoplasty For Intersex State | \$1,078.15 | |
| 57400 | Dilation Of Vagina Under Anesthesia | \$118.76 | |
| 57410 | Pelvic Examination Under Anesthesia | \$106.60 | |
| 57415 | Removal Of Impacted Vaginal Foreign Body (Separate Procedure) Under Anesthesia (Other Than Local) | \$153.36 | |
| 57420 | Colposcopy Of The Entire Vagina, With Cervix If Present | \$134.64 | |
| 57421 | Colposcopy Of The Entire Vagina, With Cervix If Present; With Biopsy(S) Of Vagina/Cervix | \$186.81 | |
| 57423 | Paravaginal Defect Repair (Including Repair Of Cystocele, If Performed), Laparoscopic Approach | \$849.87 | |
| 57425 | Surgical Vaginal Defect Repair Using An Endoscope | \$890.24 | |
| 57426 | Revision (Including Removal) Of Prosthetic Vaginal Graft, Laparoscopic Approach | \$802.52 | |
| 57452 | Colposcopy Of The Cervix Including Upper/Adjacent Vagina; | \$128.23 | |
| 57454 | Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(S) Of The Cervix And Endocervical Curettage | \$185.33 | |
| 57455 | Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Biopsy(S) Of The Cervix | \$171.40 | |
| 57456 | Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Endocervical Curettage | \$159.36 | |
| 57460 | Biopsy Of Cervix Using An Endoscope With A Loop Electrode | \$337.30 | |
| 57461 | Colposcopy Of The Cervix Including Upper/Adjacent Vagina; With Loop Electrode Conization Of The Cervix | \$374.79 | |
| 57465 | Computer-Aided Mapping Of Cervix During Examination Of Vagina And Cervix Using Endoscope | \$49.76 | |
| 57500 | Biopsy Of Cervix, Single Or Multiple, Or Local Excision Of Lesion, With Or Without Fulguration (Separate Procedure) | \$153.33 | |
| 57505 | Endocervical Curettage (Not Done As Part Of A Dilation And Curettage) | \$109.83 | |
| 57510 | Cautery Of Cervix; Electro Or Thermal | \$159.19 | |
| 57511 | Cauterization Of Cervix; Cryocautery, Initial Or Repeat | \$170.70 | |
| 57513 | Cauterization Of Cervix; Laser Ablation | \$197.88 | |
| 57520 | Removal Or Destruction Of Cervix With Knife Or Laser | \$365.28 | |
| 57522 | Removal Or Destruction Of Cervix With Electrical Cautery | \$298.88 | |
| 57530 | Trachelectomy (Cervicectomy), Amputation Of Cervix (Separate Procedure) | \$346.93 | |
| 57531 | Radical Trachelectomy, With Bilateral Total Pelvic Lymphadenectomy And Para-Aortic Lymph Node Sampling Biopsy, With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S) | \$1,591.91 | |
| 57540 | Removal Of Remaining Cervix Through The Abdomen | \$725.78 | |
| 57545 | Excision Of Cervical Stump, Abdominal Approach; With Pelvic Floor Repair | \$763.99 | |
| 57550 | Removal Of Remaining Cervix Through The Vagina | \$399.98 | |
| 57555 | Excision Of Cervical Stump, Vaginal Approach; With Anterior And/Or Posterior Repair | \$569.87 | |
| 57556 | Excision Of Cervical Stump, Vaginal Approach; With Repair Of Enterocoele | \$541.59 | |
| 57558 | Dilation/Curettage Cervical Stump | \$149.90 | |
| 57700 | Cerclage Of Uterine Cervix, Nonobstetrical | \$334.87 | |
| 57720 | Trachelorrhaphy, Plastic Repair Of Uterine Cervix, Vaginal Approach | \$282.94 | |
| 57800 | Dilation Of Cervical Canal, Instrumental (Separate Procedure) | \$54.00 | |
| 58100 | Endometrial Sampling (Biopsy) With Or Without Endocervical Sampling (Biopsy), Without Cervical Dilation, Any Method (Separate Procedure) | \$106.81 | |
| 58110 | Endometrial Sampling (Biopsy) Performed In Conjunction With Colposcopy (List Separately In Addition To Code For Primary Procedure) | \$51.79 | |
| 58120 | Dilation And Curettage, Diagnostic And/Or Therapeutic (Nonobstetrical) | \$315.74 | |
| 58140 | Abdominal Removal Of Fibroid Tumors (250 Grams Or Less) Of Uterus | \$852.03 | |
| 58145 | Vaginal Removal Of Fibroid Tumors (250 Grams Or Less) Of Uterus | \$524.54 | |
| 58146 | Myomectomy, Excision Of Fibroid Tumor(S) Of Uterus, 5 Or More Intramural Myomas And/Or Intramural Myomas With Total Weight Greater Than 250 Grams, Abdominal Approach | \$1,053.65 | |
| 58150 | Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S); | \$1,024.65 | |
| 58152 | Total Abdominal Hysterectomy (Corpus And Cervix), With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S); With Colpo-Urethrocystopexy (Eg, Marshall-Marchetti-Krantz, Burch) | \$1,128.00 | |
| 58180 | Supracervical Abdominal Hysterectomy (Subtotal Hysterectomy), With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S) | \$816.18 | |
| 58200 | Total Abdominal Hysterectomy, Including Partial Vaginectomy, With Para-Aortic And Pelvic Lymph Node Sampling, With Or Without Removal Of Tube(S), With Or Without Removal Of Ovary(S) | \$1,224.77 | |
| 58210 | Abdominal Removal Of Uterus, Cervix, And Lymph Nodes On Both Sides Of Pelvis And Aortic Lymph Node Biopsy | \$1,657.37 | |
| 58240 | Removal Of Malignant Uterus, Cervix, Lymph Nodes, Bladder, With Transplantation Of Urinary Ducts (Ureters), And Bowel | \$2,677.76 | |
| 58260 | Vaginal Removal Of Uterus (250 Grams Or Less) | \$854.08 | |
| 58262 | Vaginal Removal Of Uterus (250 Grams Or Less), Tubes, And/Or Ovaries | \$969.38 | |
| 58263 | Vaginal Removal Of Uterus (250 Grams Or Less), Tubes, And/Or Ovaries With Repair Of Herniated Bowel | \$908.31 | |
| 58267 | Vaginal Hysterectomy With Colpo-Urethrocystopexy (Marshall-Marchetti-Krantz Type, Pereyra Type, With Or Without Endoscopic Control) | \$978.83 | |
| 58270 | Vaginal Hysterectomy With Repair Of Enterocoele | \$819.66 | |
| 58275 | Vaginal Hysterectomy, With Total Or Partial Vaginectomy; | \$905.98 | |
| 58280 | Vaginal Hysterectomy, With Total Or Partial Colectomy With Repair Of Enterocoele | \$968.69 | |
| 58285 | Vaginal Removal Of Uterus, Vagina, And Pelvic Lymph Nodes | \$1,297.17 | |
| 58290 | Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; | \$1,050.16 | |
| 58291 | Vaginal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries | \$1,134.23 | |
| 58292 | Vaginal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries With Repair Of Herniated Bowel | \$1,194.82 | |
| 58294 | Vaginal Hysterectomy, For Uterus Greater Than 250 Grams; With Repair Of Enterocoele | \$1,110.43 | |
| 58300 | Insertion Of Intrauterine Device (Iud) | \$128.30 | |
| 58301 | Removal Of Intrauterine Device (Iud) | \$117.16 | |
| 58340 | Catheterization And Introduction Of Saline Or Contrast Material For Saline Infusion Sonohysterography (Sis) Or Hysterosalpingography | \$179.67 | |
| 58346 | Insertion Of Heyman Capsules For Clinical Brachytherapy | \$464.19 | |
| 58353 | Endometrial Ablation, Thermal, Without Hysteroscopic Guidance | \$1,040.98 | |
| 58356 | Endometrial Cryoablation With Ultrasonic Guidance, Including Endometrial Curettage, When Performed | \$1,683.57 | |
| 58400 | Uterine Suspension, With Or Without Shortening Of Round Ligaments, With Or Without Shortening Of Sacrouterine Ligaments; (Separate Procedure) | \$478.22 | |
| 58410 | Anatomic Repositioning Of Uterus, With Removal Of Nerve | \$747.61 | |
| 58520 | Hysterorrhaphy, Repair Of Ruptured Uterus (Nonobstetrical) | \$732.66 | |
| 58540 | Hysteroplasty, Repair Of Uterine Anomaly (Strassman Type) | \$839.54 | |
| 58541 | Laparoscopy, Surgical, Supracervical Hysterectomy, For Uterus 250G Or Less | \$670.80 | |
| 58542 | Partial Removal Of Uterus (250 Grams Or Less), Tubes And/Or Ovaries With Retention Of Cervix Using An Endoscope | \$845.94 | |
| 58543 | Partial Removal Of Uterus (Greater Than 250 Grams) With Retention Of Cervix Using An Endoscope | \$771.53 | |
| 58544 | Partial Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries Using An Endoscope | \$919.73 | |
| 58545 | Laparoscopy, Surgical, Myomectomy, Excision; 1 To 4 Intramural Myomas With Total Weight Of 250 Grams Or Less And/Or Removal Of Surface Myomas | \$820.49 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 58546 | Laparoscopy, Surgical, Myomectomy, Excision; 5 Or More Intramural Myomas And/Or Intramural Myomas With Total Weight Greater Than 250 Grams | \$1,125.87 | |
| 58548 | Removal Of Uterus, Cervix, And Lymph Nodes On Both Sides Of Pelvis And Aortic Lymph Node Biopsy Using An Endoscope | \$1,714.09 | |
| 58550 | Laparoscopy Surgical, With Vaginal Hysterectomy, For Uterus 250 Grams Or Less; | \$894.14 | |
| 58552 | Vaginal Removal Of Uterus (250 Grams Or Less), Tubes, And/Or Ovaries Using An Endoscope | \$993.00 | |
| 58553 | Vaginal Removal Of Uterus (Greater Than 250 Grams) Using An Endoscope | \$1,131.94 | |
| 58554 | Vaginal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries With Assistance Of Endoscope | \$1,186.51 | |
| 58555 | Hysteroscopy, Diagnostic (Separate Procedure) | \$259.62 | |
| 58558 | Hysteroscopy, Surgical; With Sampling (Biopsy) Of Endometrium And/Or Polypectomy, With Or Without D & C | \$986.44 | |
| 58559 | Hysteroscopy, Surgical; With Lysis Of Intrauterine Adhesions (Any Method) | \$256.34 | |
| 58560 | Hysteroscopy, Surgical; With Division Or Resection Of Intrauterine Septum (Any Method) | \$316.79 | |
| 58561 | Hysteroscopy, Surgical; With Removal Of Leiomyomata | \$357.97 | |
| 58562 | Hysteroscopy, Surgical; With Removal Of Impacted Foreign Body | \$306.15 | |
| 58563 | Hysteroscopy, Surgical; With Endometrial Ablation (Eg, Endometrial Resection, Electrosurgical Ablation, Thermoablation) | \$2,393.24 | |
| 58570 | Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less; | \$819.14 | |
| 58571 | Laparoscopy, Surgical, With Total Hysterectomy, For Uterus 250 G Or Less; With Removal Of Tube(S) And/Or Ovary(S) | \$922.35 | |
| 58572 | Abdominal Removal Of Uterus (Greater Than 250 Grams) Using An Endoscope | \$1,051.54 | |
| 58573 | Abdominal Removal Of Uterus (Greater Than 250 Grams), Tubes, And/Or Ovaries Using An Endoscope | \$1,233.13 | |
| 58575 | Removal Of Uterus For Tumor Debulking Using A Laparoscope | \$1,893.43 | |
| 58578 | Unlisted Laparoscopy Of Uterus Procedure | \$1,776.20 | |
| 58579 | Unlisted Hysteroscopy Of Uterus Procedure | Price By Report | |
| 58600 | Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Unilateral Or Bilateral | \$378.74 | |
| 58605 | Ligation Or Transection Of Fallopian Tube(S), Abdominal Or Vaginal Approach, Postpartum, Unilateral Or Bilateral, During Same Hospitalization (Separate Procedure) | \$345.16 | |
| 58611 | Ligation Or Transection Of Fallopian Tube(S) When Done At The Time Of Cesarean Delivery Or Intra-Abdominal Surgery (Not A Separate Procedure) (List Separately In Addition To Code For Primary Procedure) | \$75.69 | |
| 58615 | Occlusion Of Fallopian Tube(S) By Device (Eg, Band, Clip, Falope Ring) Vaginal Or Suprapubic Approach | \$234.33 | |
| 58660 | Laparoscopy, Surgical; With Lysis Of Adhesions (Salpingolysis, Ovariolysis) (Separate Procedure) | \$686.86 | |
| 58661 | Laparoscopy, Surgical; With Removal Of Adnexal Structures (Partial Or Total Oophorectomy And/Or Salpingectomy) | \$660.07 | |
| 58662 | Laparoscopy, Surgical; With Fulguration Or Excision Of Lesions Of The Ovary, Pelvic Viscera, Or Peritoneal Surface By Any Method | \$720.83 | |
| 58670 | Laparoscopy, Surgical; With Fulguration Of Oviducts (With Or Without Transection) | \$380.19 | |
| 58671 | Laparoscopy, Surgical; With Occlusion Of Oviducts By Device (Eg, Band, Clip, Or Falope Ring) | \$379.47 | |
| 58674 | Destruction Of Fibroid Tumor Of Uterus Using A Laparoscope And Ultrasound Guidance And Monitoring | \$742.41 | |
| 58679 | Unlisted Laparoscopy Procedure, Oviduct, Ovary | \$2,918.04 | |
| 58700 | Salpingectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) | \$567.50 | |
| 58720 | Salpingo-Oophorectomy, Complete Or Partial, Unilateral Or Bilateral (Separate Procedure) | \$640.49 | |
| 58740 | Lysis Of Adhesions (Salpingolysis, Ovariolysis) | \$820.51 | |
| 58770 | Salpingostomy (Salpingoneostomy) | \$789.54 | |
| 58800 | Drainage Of Cysts Of Ovaries By Vaginal Approach | \$341.21 | |
| 58805 | Drainage Of Cysts Of Ovaries By Abdominal Approach | \$440.43 | |
| 58820 | Drainage Of Cysts Of Ovaries By Vaginal Approach, Open Procedure | \$315.82 | |
| 58822 | Drainage Of Ovarian Abscess; Abdominal Approach | \$617.78 | |
| 58900 | Biopsy Of Ovaries | \$404.58 | |
| 58925 | Ovarian Cystectomy, Unilateral Or Bilateral | \$618.99 | |
| 58940 | Removal Of Ovaries, Partial Or Total | \$574.57 | |
| 58943 | Removal Of Ovaries, Partial Or Total, For Ovarian Cancer | \$1,066.67 | |
| 58950 | Resection Of Ovarian, Tubal Or Primary Peritoneal Malignancy With Bilateral Salpingo-Oophorectomy And Omentectomy; | \$1,056.12 | |
| 58951 | Removal Of Abdominal Lining, Uterus, Both Ovaries And Fallopian Tubes, And Pelvic And Aortic Lymph Nodes | \$1,313.50 | |
| 58952 | Resection Of Ovarian, Tubal Or Primary Peritoneal Malignancy With Bilateral Salpingo-Oophorectomy And Omentectomy; With Radical Dissection For Debulking (Ie, Radical Excision Or Destruction, Intra-Abdominal Or Retroperitoneal Tumors) | \$1,500.68 | |
| 58953 | Removal Of Abdominal Lining, Uterus, Both Ovaries And Fallopian Tubes With Tumor Reduction | \$1,818.51 | |
| 58954 | Removal Of Abdominal Lining, Uterus, Both Ovaries And Fallopian Tubes, And Pelvic And Aortic Lymph Nodes With Tumor Reduction | \$1,966.55 | |
| 58956 | Removal Of Abdominal Lining, Uterus, And Both Ovaries And Fallopian Tubes | \$1,236.22 | |
| 58957 | Removal Of Tubes, Ovaries, Uterus, And Lymph Nodes For Uterine Malignancy | \$1,555.30 | |
| 58958 | Removal Of Tubes, Ovaries, Uterus, And Lymph Nodes For Uterine Malignancy, With Lymph Node Dissection | \$1,511.04 | |
| 58960 | Laparotomy, For Staging Or Restaging Of Ovarian, Tubal Or Primary Peritoneal Malignancy (Second Look), With Or Without Omentectomy, Peritoneal Washing, Biopsy Of Abdominal And Pelvic Peritoneum, Diaphragmatic Assessment With Pelvic And Limited Para-Aortic Lymph | \$910.84 | |
| 58999 | Unlisted Procedure, Female Genital System Nonobstetrical | Price By Report | |
| 59000 | Amniocentesis; Diagnostic | \$116.95 | |
| 59001 | Amniocentesis; Therapeutic Amniotic Fluid Reduction (Includes Ultrasound Guidance) | \$170.12 | |
| 59012 | Cordocentesis (Intrauterine), Any Method | \$172.46 | |
| 59015 | Chorionic Villus Sampling, Any Method | \$140.87 | |
| 59020 | Fetal Contraction Stress Test | \$88.43 | |
| 59025 | Fetal Non-Stress Test | \$53.30 | |
| 59030 | Fetal Scalp Blood Sampling | \$150.10 | |
| 59050 | Fetal Monitoring During Labor By Consulting Physician (Ie, Non-Attending Physician) With Written Report; Supervision And Interpretation | \$51.70 | |
| 59051 | Fetal Monitoring During Labor By Consulting Physician (Ie, Non-Attending Physician) With Written Report (Separate Procedure); Interpretation Only | \$51.70 | |
| 59070 | Transabdominal Amnioinfusion, Including Ultrasound Guidance | \$430.24 | |
| 59072 | Fetal Umbilical Cord Occlusion, Including Ultrasound Guidance | \$550.76 | |
| 59074 | Fetal Fluid Drainage (Eg, Vesicocentesis, Thoracocentesis, Paracentesis), Including Ultrasound Guidance | \$416.66 | |
| 59076 | Fetal Shunt Placement, Including Ultrasound Guidance | \$542.62 | |
| 59100 | Hysterotomy, Abdominal (Eg, For Hydatidiform Mole, Abortion) | \$751.60 | |
| 59120 | Removal Of Ovarian Or Tubal Pregnancy, With Removal Of Ovaries | \$717.72 | |
| 59121 | Removal Of Ovarian Or Tubal Pregnancy, Without Removal Of Ovaries | \$717.95 | |
| 59130 | Surgical Treatment Of Ectopic Pregnancy Abdominal Pregnancy | \$830.95 | |
| 59136 | Surgical Treatment Of Ectopic Pregnancy Interstitial, Uterine Pregnancy With Partial Resection Of Uterus | \$788.88 | |
| 59140 | Surgical Treatment Of Ectopic Pregnancy Cervical, With Evacuation | \$371.83 | |
| 59150 | Laparoscopic Treatment Of Ectopic Pregnancy Without Salpingectomy And/Or Oophorectomy | \$511.01 | |
| 59151 | Laparoscopic Treatment Of Ectopic Pregnancy With Salpingectomy And/Or Oophorectomy | \$958.05 | |
| 59160 | Curettage, Postpartum | \$278.62 | |
| 59200 | Insertion Of Cervical Dilator (Eg, Laminaria, Prostaglandin) (Separate Procedure) | \$89.78 | |
| 59300 | Episiotomy Or Vaginal Repair, By Other Than Attending | \$156.26 | |
| 59320 | Cerclage Of Cervix, During Pregnancy Vaginal | \$430.38 | |
| 59325 | Cerclage Of Cervix, During Pregnancy Abdominal | \$289.95 | |
| 59350 | Hysterorrhaphy Of Ruptured Uterus | \$367.63 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 59400 | Routine Obstetric Care Including Antepartum Care, Vaginal Delivery (With Or Without Episiotomy, And/Or Forceps) And Postpartum Care | \$1,703.38 | |
| 59409 | Vaginal Delivery Only (With Or Without Episiotomy And/Or Forceps); | \$976.65 | |
| 59410 | Vaginal Delivery Only (With Or Without Episiotomy And/Or Forceps); Including Postpartum Care | \$1,091.17 | |
| 59412 | Turning Of Fetus From Abnormal Position By External Manipulation | \$157.78 | |
| 59414 | Delivery Of Placenta | \$133.80 | |
| 59425 | Antepartum Care Only; 4-6 Visits | \$463.80 | |
| 59426 | Antepartum Care Only; 7 Or More Visits | \$789.51 | |
| 59430 | Postpartum Care Only (Separate Procedure) | \$176.39 | |
| 59510 | Cesarean Delivery With Pre- And Post-Delivery Care | \$1,930.76 | |
| 59514 | Caesarean Delivery Only; | \$1,314.40 | |
| 59515 | Caesarean Delivery Only; Including Postpartum Care | \$1,374.45 | |
| 59525 | Subtotal Or Total Hysterectomy After Cesarean Delivery (List Separately In Addition To Code For Primary Procedure) | \$531.21 | |
| 59610 | Routine Obstetric Care With Vaginal Delivery After Prior Cesarean Delivery | \$2,055.84 | |
| 59612 | Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Episiotomy And/Or Forceps); | \$1,095.58 | |
| 59614 | Vaginal Delivery Only, After Previous Cesarean Delivery (With Or Without Episiotomy And/Or Forceps); Including Postpartum Care | \$1,234.51 | |
| 59618 | Routine Obstetric Care Including Antepartum Care, Cesarean Delivery, And Postpartum Care, Following Attempted Vaginal Delivery After Previous Cesarean Delivery | \$1,942.07 | |
| 59620 | Cesarean Delivery After Vaginal Delivery Attempt Due To Prior Cesarean Delivery | \$1,386.49 | |
| 59622 | Cesarean Delivery Only, Following Attempted Vaginal Delivery After Previous Cesarean Delivery; Including Postpartum Care | \$1,450.03 | |
| 59812 | Treatment Of Incomplete Abortion, Any Trimester, Completed Surgically | \$332.80 | |
| 59820 | Treatment Of Missed Abortion, Completed Surgically First Trimester | \$416.07 | |
| 59821 | Treatment Of Missed Abortion, Completed Surgically Second Trimester | \$301.71 | |
| 59830 | Treatment Of Septic Abortion, Completed Surgically | \$413.02 | |
| 59855 | Induced Abortion, By One Or More Vaginal Suppositories (Eg, Prostaglandin) With Or Without Cervical Dilation (Eg, Laminaria), Including Hospital Admission And Visits, Delivery Of Fetus And Secundines; | \$452.47 | |
| 59870 | Uterine Evacuation And Curettage For Hydatidiform Mole | \$484.94 | |
| 59871 | Removal Of Cerclage Suture Under Anesthesia (Other Than Local) | \$127.48 | |
| 59897 | Unlisted Fetal Invasive Procedure, Including Ultrasound Guidance, When Performed | \$516.40 | |
| 59898 | Unlisted Laparoscopy Procedure, Maternity Care And Delivery | Price By Report | |
| 59899 | Unlisted Procedure, Maternity Care And Delivery | Price By Report | |
| 60000 | Incision And Drainage Of Thyroglossal Duct Cyst, Infected | \$174.21 | |
| 60100 | Needle Biopsy Of Thyroid, Accessed Through The Skin | \$98.63 | |
| 60200 | Excision Of Cyst Or Adenoma Of Thyroid, Or Transection Of Isthmus | \$607.83 | |
| 60210 | Partial Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy | \$732.83 | |
| 60212 | Partial Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectomy, Including Isthmusectomy | \$915.80 | |
| 60220 | Total Thyroid Lobectomy, Unilateral; With Or Without Isthmusectomy | \$713.00 | |
| 60225 | Total Thyroid Lobectomy, Unilateral; With Contralateral Subtotal Lobectomy, Including Isthmusectomy | \$852.69 | |
| 60240 | Removal Of Thyroid, Complete | \$919.72 | |
| 60252 | Removal Of Thyroid And Surrounding Lymph Nodes, With Limited Neck Dissection | \$1,244.21 | |
| 60254 | Removal Of Thyroid And Surrounding Lymph Nodes, With Radical Neck Dissection | \$1,501.85 | |
| 60260 | Thyroidectomy, Removal Of All Remaining Thyroid Tissue Following Previous Removal Of A Portion Of Thyroid | \$983.17 | |
| 60270 | Removal Of Thyroid, Sternal Or Transthoracic Approach | \$1,223.82 | |
| 60271 | Removal Of Thyroid, Sternal Or Cervical Approach | \$952.17 | |
| 60280 | Excision Of Thyroglossal Duct Cyst Or Sinus | \$467.64 | |
| 60281 | Excision Of Thyroglossal Duct Cyst Or Sinus; Recurrent | \$550.62 | |
| 60300 | Aspiration And/Or Injection, Thyroid Cyst | \$103.16 | |
| 60500 | Parathyroidectomy Or Exploration Of Parathyroid(S); | \$968.70 | |
| 60502 | Parathyroidectomy Or Exploration Of Parathyroid(S); Re-Exploration | \$1,314.03 | |
| 60505 | Parathyroidectomy Or Exploration Of Parathyroid(S); With Mediastinal Exploration, Sternal Split Or Transthoracic Approach | \$1,262.76 | |
| 60512 | Parathyroid Autotransplantation (List Separately In Addition To Code For Primary Procedure) | \$237.72 | |
| 60520 | Thymectomy, Partial Or Total; Transcervical Approach (Separate Procedure) | \$936.65 | |
| 60521 | Removal Of Thymus Gland, Sternal Or Chest Approach | \$984.65 | |
| 60522 | Removal Of Thymus Gland Surrounding Lymph Nodes, Sternal Or Chest Approach | \$1,199.28 | |
| 60540 | Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure) | \$1,069.98 | |
| 60545 | Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal (Separate Procedure), Unilateral; With Excision Of Adjacent Retroperitoneal Tumor | \$1,110.55 | |
| 60600 | Excision Of Carotid Body Tumor Without Excision Of Carotid Artery | \$1,192.45 | |
| 60605 | Excision Of Carotid Body Tumor With Excision Of Carotid Artery | \$1,415.46 | |
| 60650 | Laparoscopy, Surgical, With Adrenalectomy, Partial Or Complete, Or Exploration Of Adrenal Gland With Or Without Biopsy, Transabdominal, Lumbar Or Dorsal | \$1,059.96 | |
| 60659 | Unlisted Laparoscopy Procedure, Endocrine System | Price By Report | |
| 60699 | Unlisted Procedure, Endocrine System | Price By Report | |
| 61000 | Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Initial | \$87.44 | |
| 61001 | Aspiration Of Spinal Fluid From Infant Skull Soft Spot, Subsequent | \$101.45 | |
| 61020 | Aspiration Of Spinal Fluid For Diagnosis From Skull Soft Spot, Burr Hole, Or Catheter In Brain | \$105.81 | |
| 61026 | Aspiration Of Spinal Fluid And Injection Into Skull Soft Spot, Burr Hole, Or Catheter In Ventricle Of Brain | \$94.69 | |
| 61050 | Cisternal Or Lateral Cervical (C1-C2) Puncture; Without Injection (Separate Procedure) | \$74.29 | |
| 61055 | Spinal Puncture In Upper Spine With Injection Of Substance | \$105.99 | |
| 61070 | Puncture Of Shunt Tubing Or Reservoir For Aspiration Or Injection Procedure | \$48.71 | |
| 61105 | Twist Drill Hole For Aspiration Of Fluid From Brain | \$452.46 | |
| 61107 | Twist Drill Hole For Insertion Of Brain Drainage Catheter Or Fluid Pressure Recording Or Monitoring Device | \$290.89 | |
| 61108 | Twist Drill Hole For Aspiration And/Or Drainage Of Blood Accumulation In Brain | \$877.82 | |
| 61120 | Burr Hole(S) For Injection Into Ventricle Of Brain | \$653.09 | |
| 61140 | Burr Hole(S), With Drainage Or Biopsy Of Brain Or Lesion | \$1,096.96 | |
| 61150 | Burr Hole(S), With Drainage Of Brain Abscess Or Cyst | \$1,159.39 | |
| 61151 | Burr Hole(S), With Subsequent Aspiration Of Brain Abscess Or Cyst | \$857.92 | |
| 61154 | Burr Hole(S), With Aspiration Of Blood Accumulation In Brain, Extradural Or Subdural | \$1,227.78 | |
| 61156 | Burr Hole(S) , With Aspiration Of Blood Accumulation Or Cyst In Brain | \$1,066.26 | |
| 61210 | Burr Hole(S), Implantation Of Brain Catheter, Reservoir, Eeg Electrodes, Pressure Or Other Monitoring Device | \$340.60 | |
| 61215 | Insertion Of Subcutaneous Reservoir, Pump Or Continuous Infusion System For Connection To Ventricular Catheter | \$454.04 | |
| 61250 | Burr Hole(S) For Exploration Of The Upper Brain | \$752.62 | |
| 61253 | Burr Hole(S) For Exploration Of The Lower Brain | \$857.92 | |
| 61304 | Removal Of Bone From Skull For Exploration Of Upper Brain | \$1,564.20 | |
| 61305 | Removal Of Bone From Skull For Exploration Of Lower Brain | \$1,905.98 | |
| 61312 | Removal Of Bone From Skull For Aspiration Of Blood Accumulation In Upper Brain, Extradural Or Subdural | \$2,031.37 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|------------|-------------------|
| 61313 | Removal Of Bone From Skull For Aspiration Of Blood Accumulation In Upper Brain, Intracerebral | \$1,953.13 | |
| 61314 | Removal Of Bone From Skull For Aspiration Of Blood Accumulation In Lower Brain, Extradural Or Subdural | \$1,569.56 | |
| 61315 | Removal Of Bone From Skull For Aspiration Of Blood Accumulation In Lower Brain, Intracerebellar | \$1,764.57 | |
| 61316 | Incision And Subcutaneous Placement Of Cranial Bone Graft (List Separately In Addition To Code For Primary Procedure) | \$81.66 | |
| 61320 | Removal Of Bone From Skull For Drainage Of Upper Brain Abscess | \$1,820.44 | |
| 61321 | Removal Of Bone From Skull For Drainage Of Lower Brain Abscess | \$1,814.79 | |
| 61322 | Craniectomy Or Craniotomy, Decompressive, With Or Without Duraplasty, For Treatment Of Intracranial Hypertension, Without Evacuation Of Associated Intraparenchymal Hematoma; Without Lobectomy | \$2,334.22 | |
| 61323 | Craniectomy Or Craniotomy, Decompressive, With Or Without Duraplasty, For Treatment Of Intracranial Hypertension, Without Evacuation Of Associated Intraparenchymal Hematoma; With Lobectomy | \$2,361.79 | |
| 61330 | Decompression Of Orbit Only, Transcranial Approach | \$1,537.35 | |
| 61333 | Exploration And Removal Of Lesion From Bone Of Eye Socket Accessed Through Skull | \$1,719.19 | |
| 61340 | Subtemporal Cranial Decompression (Pseudotumor Cerebri, Slit Ventricle Syndrome) | \$1,236.34 | |
| 61343 | Craniectomy, Suboccipital With Cervical Laminectomy For Decompression Of Medulla And Spinal Cord, With Or Without Dural Graft (Eg, Arnold-Chiari Malformation) | \$2,086.22 | |
| 61345 | Other Cranial Decompression, Posterior Fossa | \$1,746.22 | |
| 61450 | Craniectomy For Section, Compression, Or Decompression Of Sensory Root Of Gasserian Ganglion | \$1,638.69 | |
| 61458 | Craniectomy, Suboccipital; For Exploration Or Decompression Of Cranial Nerves | \$1,914.70 | |
| 61460 | Craniectomy, Suboccipital; For Section Of One Or More Cranial Nerves | \$1,799.81 | |
| 61500 | Craniectomy, Trephination, Bone Flap Craniotomy; For Tumor Of Skull | \$1,275.84 | |
| 61501 | Craniectomy; For Osteomyelitis | \$1,002.58 | |
| 61510 | Removal Of Bone From Skull For Removal Of Upper Brain Tumor | \$2,160.38 | |
| 61512 | Removal Of Bone From Skull For Removal Of Upper Membrane Tumor | \$2,283.84 | |
| 61514 | Removal Of Bone From Skull For Removal Of Upper Brain Abscess | \$1,640.01 | |
| 61516 | Removal Of Bone From Skull For Removal Or Drainage Of Upper Brain Cyst | \$1,781.48 | |
| 61517 | Implantation Of Brain Intracavitary Chemotherapy Agent (List Separately In Addition To Code For Primary Procedure) | \$72.84 | |
| 61518 | Removal Of Bone From Skull For Removal Of Lower Brain Tumor | \$2,664.54 | |
| 61519 | Removal Of Bone From Skull For Removal Of Lower Membrane Tumor | \$2,500.90 | |
| 61520 | Removal Of Bone From Skull For Removal Of Eighth Cranial Nerve Brain Tumor | \$3,205.91 | |
| 61521 | Removal Of Bone From Skull For Removal Of Skull Base Tumor | \$3,092.48 | |
| 61522 | Removal Of Bone From Skull For Removal Of Brain Abscess | \$1,868.28 | |
| 61524 | Removal Of Bone From Skull For Removal Of Brain Cyst Or Creation Of Drainage Tract | \$1,781.21 | |
| 61526 | Bone Flap Removal Of Bone From Skull For Removal Of Eighth Cranial Nerve Brain Tumor | \$2,932.64 | |
| 61530 | Bone Flap Removal Of Bone From Skull For Removal Of Eighth Cranial Nerve Brain Tumor, Combined With Middle/Posterior Removal | \$2,607.02 | |
| 61531 | Subdural Implantation Of Strip Electrodes Through One Or More Burr Or Trephine Hole(S) For Long Term Seizure Monitoring | \$1,059.54 | |
| 61533 | Removal Of Bone From Skull For Implantation Of Brain Electrode For Seizure Monitoring | \$1,310.27 | |
| 61534 | Removal Of Bone From Skull For Excision Of Brain Tissue To Halt Seizure Activity, Without Monitoring | \$1,419.11 | |
| 61535 | Removal Of Bone From Skull For Removal Of Electrode From Brain | \$872.48 | |
| 61536 | Removal Of Bone From Skull For Excision Of Brain Tissue To Halt Seizure Activity, With Monitoring | \$2,193.85 | |
| 61537 | Removal Of Bone From Skull For Excision Of Lobe Of Brain Without Monitoring | \$2,087.01 | |
| 61538 | Removal Of Bone From Skull For Excision Of Lobe Of Brain With Monitoring | \$2,258.03 | |
| 61539 | Removal Of Bone From Skull For Excision Of Lobe Of Brain (Other Than Temporal) With Monitoring | \$2,012.85 | |
| 61540 | Removal Of Bone From Skull For Excision Of Lobe Of Brain (Other Than Temporal) Without Monitoring | \$1,857.78 | |
| 61541 | Removal Of Bone From Skull For Incision Of Brain Tissue | \$2,001.52 | |
| 61543 | Removal Of Bone From Skull For Partial Excision Of Brain Tissue | \$1,856.02 | |
| 61544 | Removal Of Bone From Skull For Excision Or Clotting Of Cerebrospinal Fluid Site | \$1,620.97 | |
| 61545 | Removal Of Bone From Skull For Excision Of Pituitary Gland Tumor, With Elevation Of Bone Flap | \$2,712.27 | |
| 61546 | Removal Of Bone From Skull For Excision Of Pituitary Gland Tumor | \$1,968.23 | |
| 61548 | Hypophysectomy Or Excision Of Pituitary Tumor, Transnasal Or Transseptal Approach, Nonstereotactic | \$1,512.53 | |
| 61550 | Craniectomy For Craniostomy; Single Cranial Suture | \$1,038.70 | |
| 61552 | Craniectomy For Craniostomy; Multiple Cranial Sutures | \$1,281.64 | |
| 61556 | Craniotomy For Craniostomy; Frontal Or Parietal Bone Flap | \$1,465.51 | |
| 61557 | Craniotomy For Craniostomy; Bifrontal Bone Flap | \$1,450.66 | |
| 61558 | Extensive Craniectomy For Multiple Cranial Suture Craniostomy (Eg, Cloverleaf Skull); Not Requiring Bone Grafts | \$1,613.73 | |
| 61559 | Extensive Craniectomy For Multiple Cranial Suture Craniostomy (Eg, Cloverleaf Skull); Recontouring With Multiple Osteotomies And Bone Autografts (Eg, Barrel-Stave Procedure) (Includes Obtaining Grafts) | \$2,184.16 | |
| 61563 | Excision, Intra- And Extradural, Benign Tumor Of Cranial Bone (Eg, Fibrous Dysplasia); Without Optic Nerve Decompression | \$1,695.07 | |
| 61564 | Excision, Intra- And Extradural, Benign Tumor Of Cranial Bone (Eg, Fibrous Dysplasia); With Optic Nerve Decompression | \$2,053.38 | |
| 61566 | Craniotomy With Elevation Of Bone Flap; For Selective Amygdalohippocampectomy | \$1,911.69 | |
| 61567 | Craniotomy With Elevation Of Bone Flap; For Multiple Subpial Transections, With Electrocoricography During Surgery | \$2,176.18 | |
| 61570 | Craniectomy Or Craniotomy; With Excision Of Foreign Body From Brain | \$1,682.61 | |
| 61571 | Craniectomy Or Craniotomy; For Penetrating Wound Of Brain | \$1,826.83 | |
| 61575 | Transoral Approach To Skull Base, Brain Stem Or Upper Spinal Cord For Biopsy, Decompression Or Excision Of Lesion; | \$2,132.72 | |
| 61576 | Biopsy Of Brain Stem Or Upper Spinal Cord, Requiring Splitting Of Tongue And/Or Mandible | \$3,616.82 | |
| 61580 | Removal Of Nasal Sinuses To Approach Brain Lesion Without The Removal Of The Maxilla Or Eyeball | \$2,287.46 | |
| 61581 | Removal Of Nasal Sinuses To Approach Brain Lesion With The Removal Of The Maxilla Or Eyeball | \$2,627.07 | |
| 61582 | Removal Of Facial Bone To Approach Brain Lesion, Extradural | \$2,697.19 | |
| 61583 | Removal Of Facial Bone To Approach Brain Lesion, Intradural | \$2,559.96 | |
| 61584 | Removal Of Facial Bone To Approach Brain Lesion, Without Removal Of The Eyeball | \$2,435.40 | |
| 61585 | Removal Of Facial Bone To Approach Brain Lesion, With Removal Of The Eyeball | \$2,867.49 | |
| 61586 | Removal Of Facial Bone To Approach Brain Lesion, Without Bone Graft | \$2,273.63 | |
| 61590 | Infratemporal Pre-Auricular Approach To Middle Cranial Fossa (Parapharyngeal Space, Infratemporal And Midline Skull Base, Nasopharynx), With Or Without Disarticulation Of The Mandible, Including Parotidectomy, Craniotomy, Decompression And/Or Mobiliz | \$2,764.86 | |
| 61591 | Removal Of Skull Bone Behind Ear To Approach Brain Lesion, Infratemporal Post-Auricular Approach | \$2,769.95 | |
| 61592 | Orbitocranial Zygomatic Approach To Middle Cranial Fossa (Cavernous Sinus And Carotid Artery, Clivus, Basilar Artery Or Petrous Apex) Including Osteotomy Of Zygoma, Craniotomy, Extra- Or Intradural Elevation Of Temporal Lobe | \$2,770.72 | |
| 61595 | Removal Of Skull Bone Behind Ear To Approach Brain Lesion Through The Temporal Lobe | \$2,165.01 | |
| 61596 | Removal Of Skull Bone Behind Ear To Approach Brain Lesion Through The Ear | \$2,251.25 | |
| 61597 | Transcondylar (Far Lateral) Approach To Posterior Cranial Fossa, Jugular Foramen Or Midline Skull Base, Including Occipital Condylectomy, Mastoidectomy, Resection Of C1-C3 Vertebral Body(S), Decompression Of Vertebral Artery, With Or Without Mobilization | \$2,673.99 | |
| 61598 | Transpetrosal Approach To Posterior Cranial Fossa, Clivus Or Foramen Magnum, Including Ligation Of Superior Petrosal Sinus And/Or Sigmoid Sinus | \$2,497.89 | |
| 61600 | Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Outside Membranes Covering Brain | \$1,947.05 | |
| 61601 | Removal Of Tumor Or Tissue Abnormality Of Front Of Skull Base (Anterior Fossa) Within Membranes Covering Brain | \$1,937.15 | |
| 61605 | Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural | \$2,001.47 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|------------|-------------------|
| 61606 | Removal Of Tumor Or Tissue Abnormality Of Lower Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural | \$2,561.50 | |
| 61607 | Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) External To Membranes Covering Brain, Extradural | \$2,384.81 | |
| 61608 | Removal Of Tumor Or Tissue Abnormality Of Middle Of Skull Base (Infratemporal Fossa, Parapharyngeal Space, Petrous Apex) Within Membranes Covering Brain, Intradural | \$2,832.83 | |
| 61611 | Transection Or Ligation, Carotid Artery In Petrous Canal; Without Repair (List Separately In Addition To Code For Primary Procedure) | \$390.77 | |
| 61613 | Obliteration Of Carotid Aneurysm, Arteriovenous Malformation, Or Carotid-Cavernous Fistula By Dissection Within Cavernous Sinus | \$2,842.30 | |
| 61615 | Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Extradural | \$2,467.13 | |
| 61616 | Excision Of Abnormal Blood Vessel At Skull Base Or Upper Spine Bones, Intradural | \$3,057.16 | |
| 61618 | Secondary Repair Of Dura For Cerebrospinal Fluid Leak, Anterior, Middle Or Posterior Cranial Fossa Following Surgery Of The Skull Base; By Free Tissue Graft (Eg, Pericranium, Fascia, Tensor Fascia Lata, Adipose Tissue, Homologous Or Synthetic Grafts) | \$1,126.63 | |
| 61619 | Secondary Repair Of Dura For Csf Leak, Anterior, Middle Or Posterior Cranial Fossa Following Surgery Of The Skull Base; By Local Or Regionalized Vascularized Pedicle Flap Or Myocutaneous Flap (Including Galea, Temporalis, Frontalis Or Occipitalis Mus | \$1,259.25 | |
| 61623 | Endovascular Temporary Balloon Arterial Occlusion, Head Or Neck (Extracranial/Intracranial) Including Selective Catheterization Of Vessel To Be Occluded, Positioning And Inflation Of Occlusion Balloon, Concomitant Neurological Monitoring, And | \$495.38 | |
| 61624 | Occlusion Of Abnormal Artery, Accessed Through The Skin | \$1,101.58 | |
| 61626 | Occlusion Of Head Or Neck Artery, Accessed Through The Skin | \$870.17 | |
| 61630 | Balloon Dilation Of Blood Vessel In Head, Accessed Through The Skin | \$1,184.22 | |
| 61635 | Transcatheter Placement Of Intravascular Stent(S), Intracranial (Eg, Atherosclerotic Stenosis), Including Balloon Angioplasty, If Performed | \$1,493.17 | |
| 61640 | Balloon Dilation Of Blood Vessel Spasm In Head, Accessed Through The Skin | \$523.71 | |
| 61641 | Balloon Dilation Of Additional Blood Vessel Spasm In Head In Same Blood Vessel Family, Accessed Through The Skin | \$227.06 | |
| 61642 | Balloon Dilation Of Additional Blood Vessel Spasm In Head In Different Blood Vessel Family, Accessed Through The Skin | \$437.30 | |
| 61645 | Removal Of Blood Clot And Injection To Dissolve Blood Clot From Head Artery Using Fluoroscopic Guidance, Accessed Through Skin | \$814.53 | |
| 61650 | Infusion Of Chemical Agent Into The Artery Of Brain With Insertion Of Catheter And Imaging, Initial Territory | \$554.97 | |
| 61651 | Infusion Of Chemical Agent Into The Artery Of Brain With Insertion Of Catheter And Imaging, Each Additional Territory | \$236.17 | |
| 61680 | Repair Of Abnormal Artery-Vein Connection In Brain, Supratentorial, Simple | \$2,147.21 | |
| 61682 | Repair Of Abnormal Artery-Vein Connection In Brain, Supratentorial, Complex | \$3,512.27 | |
| 61684 | Repair Of Abnormal Artery-Vein Connection In Brain, Infratentorial, Simple | \$2,416.80 | |
| 61686 | Repair Of Abnormal Artery-Vein Connection In Brain, Infratentorial, Complex | \$3,794.42 | |
| 61690 | Repair Of Abnormal Artery-Vein Connection In Brain, Dural, Simple | \$1,861.37 | |
| 61692 | Repair Of Abnormal Artery-Vein Connection In Brain, Dural, Complex | \$3,086.48 | |
| 61697 | Repair Of Complex Bulging Of Blood Vessel (Aneurysm) Of Carotid Artery Circulation In Brain By Incision Of Skull | \$3,572.68 | |
| 61698 | Repair Of Complex Bulging Of Blood Vessel (Aneurysm) Of Vertebrobasilar Circulation In Brain By Incision Of Skull | \$3,906.74 | |
| 61700 | Repair Of Simple Bulging Of Blood Vessel (Aneurysm) Of Carotid Artery Circulation In Brain By Incision Of Skull | \$2,890.60 | |
| 61702 | Repair Of Simple Bulging Of Blood Vessel (Aneurysm) Of Vertebrobasilar Circulation In Brain By Incision Of Skull | \$3,401.69 | |
| 61703 | Surgery For Bulging Of Blood Vessel (Aneurysm) Of Carotid Artery Circulation In Brain By Clamping Of Carotid Artery Via Incision Of Neck | \$1,170.06 | |
| 61705 | Surgery For Abnormal Blood Vessel In Brain By Clamping Of Carotid Artery Via Incision Of Neck And Tying Of Abnormal Blood Vessel Via Incision Of Skull | \$2,214.20 | |
| 61708 | Creation Of Clot In Abnormal Blood Vessel In Brain Using Electricity, Via Incision Of Skull | \$2,166.62 | |
| 61710 | Surgical Creation Of Obstruction In Abnormal Blood Vessel In Brain | \$1,828.10 | |
| 61711 | Anastomosis, Arterial, Extracranial-Intracranial (Eg, Middle Cerebral/Cortical) Arteries | \$2,196.98 | |
| 61720 | Creation Of Brain Lesion By Stereotactic Method, Globus Pallidus Or Thalamus | \$1,094.75 | |
| 61735 | Creation Of Brain Lesion By Stereotactic Method, Other Than Globus Pallidus Or Thalamus | \$1,371.03 | |
| 61736 | Laser Interstitial Thermal Therapy (Litt) Of Single, Simple Growth Within Skull | \$765.12 | |
| 61737 | Laser Interstitial Thermal Therapy (Litt) Of Multiple Or Complex Growth Within Skull | \$909.94 | |
| 61750 | Stereotactic Biopsy, Aspiration, Or Excision Of Brain Lesion | \$1,344.93 | |
| 61751 | Stereotactic Biopsy, Aspiration, Or Excision Of Brain Lesion Using Ct And/Or Mri Guidance | \$1,329.85 | |
| 61760 | Stereotactic Implantation Of Depth Electrodes Into The Cerebrum For Long Term Seizure Monitoring | \$1,512.71 | |
| 61770 | Stereotactic Localization, Including Burr Hole(S), With Insertion Of Catheter(S) Or Probe(S) For Placement Of Radiation Source | \$1,388.29 | |
| 61781 | Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Intradural (List Separately In Addition To Code For Primary Procedure) | \$218.72 | |
| 61782 | Stereotactic Computer-Assisted (Navigational) Procedure; Cranial, Extradural (List Separately In Addition To Code For Primary Procedure) | \$173.91 | |
| 61783 | Stereotactic Computer-Assisted (Navigational) Procedure; Spinal (List Separately In Addition To Code For Primary Procedure) | \$218.54 | |
| 61790 | Stereotactic Creation Of Lesion Of Cranial Nerve, Accessed Through The Skin | \$768.84 | |
| 61791 | Stereotactic Creation Of Brainstem Lesion, Accessed Through The Skin | \$972.83 | |
| 61796 | Stereotactic Treatment Of Brain Growth, 1 Simple Lesion | \$891.73 | |
| 61797 | Stereotactic Treatment Of Brain Growth, Each Additional Simple Lesion | \$183.19 | |
| 61798 | Stereotactic Treatment Of Brain Growth, 1 Complex Lesion | \$1,168.41 | |
| 61799 | Stereotactic Treatment Of Brain Growth, Each Additional Complex Lesion | \$252.96 | |
| 61800 | Application Of Stereotactic Headframe For Stereotactic Radiosurgery (List Separately In Addition To Code For Primary Procedure) | \$142.41 | |
| 61850 | Twist Drill Or Burr Hole(S) For Implantation Of Neurostimulator Electrodes Cortical | \$852.88 | |
| 61860 | Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain | \$1,339.40 | |
| 61863 | Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, First Array | \$1,483.08 | |
| 61864 | Removal Of Bone Of Skull For Implantation Of Neurostimulator Electrodes In Brain, Each Additional Array | \$262.34 | |
| 61867 | Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper | \$1,943.40 | |
| 61868 | Twist Drill, Burr Hole, Craniotomy, Or Craniectomy With Stereotactic Implantation Of Neurostimulator Electrode Array In Subcortical Site (Eg, Thalamus, Globus Pallidus, Subthalamic Nucleus, Periventricular, Periaqueductal Gray), With Use Of Intraoper | \$416.57 | |
| 61880 | Revision Or Removal Of Intracranial Neurostimulator Electrodes | \$515.50 | |
| 61885 | Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To A Single Electrode | \$341.59 | PA Required |
| 61886 | Insertion Or Replacement Of Brain Neurostimulator Generator Or Receiver With Connection To Multiple Electrodes | \$807.32 | PA Required |
| 61888 | Revision Or Removal Of Cranial Neurostimulator Pulse Generator Or Receiver | \$347.73 | |
| 62000 | Elevation Of Depressed Skull Fracture, Simple | \$847.65 | |
| 62005 | Elevation Of Depressed Skull Fractures, Compound Or Comminuted | \$1,095.40 | |
| 62010 | Elevation Of Depressed Skull Fracture, With Repair And/Or Debridement Of Brain | \$1,469.66 | |
| 62100 | Craniotomy For Repair Of Dural/Cerebrospinal Fluid Leak, Including Surgery For Rhinorrhea/Otorrhea | \$1,501.69 | |
| 62115 | Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Not Requiring Bone Grafts Or Cranioplasty | \$1,454.41 | |
| 62117 | Reduction Of Craniomegalic Skull (Eg, Treated Hydrocephalus); Requiring Craniotomy And Reconstruction With Or Without Bone Autograft (Includes Obtaining Grafts) | \$1,679.03 | |
| 62120 | Repair Of Encephalocele, Skull Vault, Including Cranioplasty | \$1,834.92 | |
| 62121 | Craniotomy With Repair Of Encephalocele, Skull Base | \$1,405.29 | |
| 62140 | Cranioplasty For Skull Defect; Up To 5 Cm Diameter | \$991.15 | |
| 62141 | Cranioplasty For Skull Defect; Larger Than 5 Cm Diameter | \$1,102.05 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 62142 | Removal Of Bone Flap Or Prosthetic Plate Of Skull | \$864.29 | |
| 62143 | Replacement Of Bone Flap Or Prosthetic Plate Of Skull | \$908.05 | |
| 62145 | Cranioplasty For Skull Defect With Reparative Brain Surgery | \$1,210.85 | |
| 62146 | Cranioplasty With Autograft (Includes Obtaining Bone Grafts); Up To 5 Cm Diameter | \$1,076.81 | |
| 62147 | Cranioplasty With Autograft (Includes Obtaining Bone Grafts); Larger Than 5 Cm Diameter | \$1,342.19 | |
| 62148 | Removal Of Skull Bone Graft, Accessed Beneath The Skin | \$117.26 | |
| 62160 | Neuroendoscopy, Intracranial, For Placement Or Replacement Of Ventricular Catheter And Attachment To Shunt System Or External Drainage (List Separately In Addition To Code For Primary Procedure) | \$158.05 | |
| 62161 | Neuroendoscopy, Intracranial; With Dissection Of Adhesions, Fenestration Of Septum Pellucidum Or Intraventricular Cysts (Including Placement, Replacement, Or Removal Of Ventricular Catheter) | \$1,498.82 | |
| 62162 | Neuroendoscopy, Intracranial; With Fenestration Or Excision Of Colloid Cyst, Including Placement Of External Ventricular Catheter For Drainage | \$1,617.71 | |
| 62164 | Neuroendoscopy, Intracranial; With Excision Of Brain Tumor, Including Placement Of External Ventricular Catheter For Drainage | \$1,795.96 | |
| 62165 | Neuroendoscopy, Intracranial; With Excision Of Pituitary Tumor, Transnasal Or Trans-Sphenoidal Approach | \$1,336.66 | |
| 62180 | Ventriculocisternostomy (Torkildsen Type Operation) | \$1,371.28 | |
| 62190 | Creation Of Brain Fluid Drainage Shunt, Sub-Atrial, -Jugular, -Auricular | \$807.78 | |
| 62192 | Creation Of Brain Fluid Drainage Shunt, Sub-Peritoneal, -Pleural, Other Terminus | \$857.26 | |
| 62194 | Replacement Or Irrigation, Subdural Catheter | \$435.06 | |
| 62200 | Creation Of An Opening For Brain Fluid Drainage, Third Ventricle | \$1,182.79 | |
| 62201 | Ventriculocisternostomy, Third Ventricle; Stereotactic, Neuroendoscopic Method | \$1,050.32 | |
| 62220 | Creation Of Brain Fluid Drainage Shunt, Ventriculo-Atrial, -Jugular, -Auricular | \$939.45 | |
| 62223 | Creation Of Brain Fluid Drainage Shunt, Ventriculo-Peritoneal, -Pleural, Other Terminus | \$1,027.70 | |
| 62225 | Replacement Or Irrigation, Ventricular Catheter | \$398.10 | |
| 62230 | Replacement Or Revision Of Cerebrospinal Fluid Shunt, Obstructed Valve, Or Distal Catheter In Shunt System | \$813.70 | |
| 62252 | Reprogramming Of Programmable Cerebrospinal Shunt | \$82.49 | |
| 62256 | Removal Of Complete Cerebrospinal Fluid Shunt System; Without Replacement | \$532.55 | |
| 62258 | Removal Of Complete Shunt System; With Replacement By Similar Or Other Shunt At Same Operation | \$1,072.19 | |
| 62263 | Injection Or Mechanical Removal Of Spinal Canal Scar Tissue, Percutaneous Procedure, Accessed Through The Skin, Multiple Sessions Over 2 Or More Days | \$610.68 | |
| 62264 | Injection Or Mechanical Removal Of Spinal Canal Scar Tissue, Percutaneous Procedure, Accessed Through The Skin, Multiple Sessions In 1 Day | \$424.90 | |
| 62267 | Diagnostic Aspiration Of Spinal Disc Or Tissue, Accessed Through The Skin | \$271.22 | |
| 62268 | Aspiration Of Spinal Cord Cyst Or Fluid-Filled Cavity, Accessed Through The Skin | \$234.60 | |
| 62269 | Needle Biopsy Of Spinal Cord, Accessed Beneath The Skin | \$240.11 | |
| 62270 | Spinal Tap For Diagnosis | \$132.25 | |
| 62272 | Spinal Tap With Drainage Of Spinal Fluid | \$177.51 | |
| 62273 | Injection, Epidural, Of Blood Or Clot Patch | \$177.06 | |
| 62280 | Injection/Infusion Of Neurolytic Substance (Eg, Alcohol, Phenol, Iced Saline Solutions), With Or Without Other Therapeutic Substance; Subarachnoid | \$316.14 | |
| 62281 | Injection Of Spinal Canal To Destroy Nerve In The Upper Spine Area | \$227.18 | |
| 62282 | Injection Of Spinal Canal To Destroy Nerve In The Lower Spine Area | \$312.62 | |
| 62284 | Injection Of Dye For X-Ray Imaging And/Or Ct Of Lower Spinal Canal | \$207.57 | |
| 62287 | Aspiration Of Lower Spine Disc, Accessed Through The Skin | \$534.36 | |
| 62290 | Injection Of Dye For X-Ray Imaging Of Spine Disc, Each Level, Lumbar | \$387.11 | |
| 62291 | Injection Of Dye For X-Ray Imaging Of Spine Disc, Each Level, Cervical Or Thoracic | \$315.80 | |
| 62292 | Injection Of Chemical Enzyme Into Herniated Spinal Disc | \$533.07 | |
| 62294 | Injection Procedure, Arterial, For Occlusion Of Arteriovenous Malformation, Spinal | \$822.17 | |
| 62302 | X-Ray Of Upper Spinal Canal With Radiological Supervision And Interpretation | \$269.73 | |
| 62303 | X-Ray Of Middle Spinal Canal With Radiological Supervision And Interpretation | \$256.70 | |
| 62304 | X-Ray Of Lower Spinal Canal With Radiological Supervision And Interpretation | \$265.74 | |
| 62305 | X-Ray Of Lower Spinal Canal With Radiological Supervision And Interpretation, Two Or More Regions | \$290.47 | |
| 62320 | Injection Of Substance Into Spinal Canal Of Upper Or Middle Back | \$155.44 | |
| 62321 | Injection Of Substance Into Spinal Canal Of Upper Or Middle Back Using Imaging Guidance | \$264.86 | |
| 62322 | Injection Of Substance Into Spinal Canal Of Lower Back Or Sacrum | \$147.01 | |
| 62323 | Injection Of Substance Into Spinal Canal Of Lower Back Or Sacrum Using Imaging Guidance | \$260.81 | |
| 62324 | Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Upper Or Middle Back | \$153.41 | |
| 62325 | Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Upper Or Middle Back Using Imaging Guidance | \$246.34 | |
| 62326 | Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Lower Back | \$147.49 | |
| 62327 | Insertion Of Indwelling Catheter And Administration Of Substance Into Spinal Canal Of Lower Back Lower Back Using Imaging Guidance | \$239.04 | |
| 62328 | Diagnostic Spinal Tap Of Lower Spine Using Imaging Guidance | \$272.04 | |
| 62329 | Therapeutic Spinal Tap Of Lower Spine Using Imaging Guidance | \$334.80 | |
| 62350 | Implantation, Revision, Or Repositioning Of Spinal Canal Medication Catheter | \$402.02 | |
| 62351 | Implantation, Revision, Or Repositioning Of Catheter In Spinal Canal For Medication Administration | \$801.03 | |
| 62355 | Removal Of Previously Implanted Intrathecal Or Epidural Catheter | \$247.46 | |
| 62360 | Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Subcutaneous Reservoir | \$304.57 | |
| 62361 | Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Non-Programmable Pump | \$381.63 | |
| 62362 | Implantation Or Replacement Of Device For Intrathecal Or Epidural Drug Infusion; Programmable Pump, Including Preparation Of Pump, With Or Without Programming | \$383.97 | |
| 62365 | Removal Of Spinal Canal Drug Infusion Pump Or Device, Accessed Beneath The Skin | \$296.13 | |
| 62367 | Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); Without Reprogramming Or Refill | \$30.33 | |
| 62368 | Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); With Reprogramming | \$45.47 | |
| 62369 | Alarm Status, Drug Prescription Status); With Reprogramming And Refill | \$98.15 | |
| 62370 | Electronic Analysis Of Programmable, Implanted Pump For Intrathecal Or Epidural Drug Infusion (Includes Evaluation Of Reservoir Status, Alarm Status, Drug Prescription Status); With Reprogramming And Refill (Requiring Skill Of A Physician Or Other Qualified | \$98.65 | |
| 62380 | Decompression Of Spinal Cord And/Or Nerve Root In Lower Back Using Endoscope | Price By Report | |
| 63001 | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Diskectomy, (Eg, Spinal Stenosis), One Or Two Vertebral Segments; Cervical | \$1,189.40 | PA Required |
| 63003 | Partial Removal Of Spinal Bone With Exploration And/Or Decompression Of Spinal Cord In Upper Back | \$1,072.48 | PA Required |
| 63005 | Partial Removal Of Spinal Bone With Exploration And/Or Decompression Of Spinal Cord In Lower Back | \$1,161.78 | PA Required |
| 63011 | Laminectomy For Decompression Of Spinal Cord And/Or Cauda Equina, One Or Two Segments; Sacral | \$974.79 | PA Required |
| 63012 | Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With Decompression Of Cauda Equina And Nerve Roots For Spondylolisthesis, Lumbar (Gill Type Procedure) | \$1,162.43 | PA Required |
| 63015 | Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Equina, Without Facetectomy, Foraminotomy Or Diskectomy, (Eg, Spinal Stenosis), More Than 2 Vertebral Segments; Cervical | \$1,282.70 | PA Required |
| 63016 | Partial Removal Of Bone And/Or Release Of Middle Spinal Cord Or Spinal Nerves, More Than 2 Vertebral Segments | \$1,469.29 | PA Required |

| Code | Description | Fee | Prior Auth Status |
|-------|--|------------|-------------------|
| 63017 | Partial Removal Of Bone And/Or Release Of Lower Spinal Cord Or Spinal Nerves, More Than 2 Vertebral Segments | \$1,098.58 | PA Required |
| 63020 | Herniated Intervertebral Disc; 1 Interspace, Cervical | \$1,020.05 | PA Required |
| 63030 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; 1 Interspace, Lumbar | \$957.42 | PA Required |
| 63035 | Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Partial Facetectomy, Foraminotomy And/Or Excision Of Herniated Intervertebral Disc; Each Additional Interspace, Cervical Or Lumbar (List Separately In Addition To Code For Primary | \$182.40 | PA Required |
| 63040 | Re-Exploration Of Spine Repair With Release Of Upper Spinal Cord Or Nerves, Single Interspace | \$1,213.15 | PA Required |
| 63042 | Re-Exploration Of Spine Repair With Release Of Lower Spinal Cord Or Nerves, Single Interspace | \$1,270.54 | PA Required |
| 63043 | Re-Exploration Of Spine Repair With Release Of Upper Spinal Cord Or Nerves, Each Additional Cervical Interspace | \$299.07 | PA Required |
| 63044 | Re-Exploration Of Spine Repair With Release Of Lower Spinal Cord Or Nerves, Each Additional Lumbar Interspace | \$355.11 | PA Required |
| 63045 | Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root(S), (Eg, Spinal Or Lateral Recess Stenosis), Single Vertebral Segment; Cervical | \$1,123.31 | PA Required |
| 63046 | Partial Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Mid Back (Thoracic) Area | \$1,077.05 | PA Required |
| 63047 | Partial Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Lower Back (Lumbar) Area | \$1,082.72 | PA Required |
| 63048 | Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With Decompression Of Spinal Cord, Cauda Equina And/Or Nerve Root(S), (Eg, Spinal Or Lateral Recess Stenosis)), Single Vertebral Segment; Each Additional Segment, Cervical, Thoracic, Or Lumba | \$200.97 | PA Required |
| 63050 | Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments; | \$1,307.69 | PA Required |
| 63051 | Reconstruction Of Bone Around Spinal Canal With Release Of Spinal Cord, With Bone Reconstruction | \$1,490.70 | PA Required |
| 63052 | Partial Removal Of Bone Of Single Segment Of Spine In Lower Back With Release Of Spinal Cord And/Or Nerves During Fusion Of Spine In Lower Back | \$208.93 | PA Required |
| 63053 | Partial Removal Of Bone Of Additional Segment Of Spine In Lower Back With Release Of Spinal Cord And/Or Nerves During Fusion Of Spine In Lower Back | \$185.39 | PA Required |
| 63055 | Release Of Middle Spinal Cord And/Or Nerves | \$1,405.69 | PA Required |
| 63056 | Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disk), Single Segment; Lumbar (Including Transfacet, Or Lateral Extraforaminal Approach) (Eg, Far Lateral Herniated Intervertebral Disk) | \$1,447.67 | PA Required |
| 63057 | Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve Root(S) (Eg, Herniated Intervertebral Disk), Single Segment; Each Additional Segment, Thoracic Or Lumbar (List Separately In Addition To Code For Primary Procedure) | \$274.46 | PA Required |
| 63064 | Release Of Middle Spinal Cord Or Nerves, Costovertebral Approach, Single Segment | \$1,540.09 | PA Required |
| 63066 | Release Of Middle Spinal Cord Or Nerves, Costovertebral Approach, Each Additional Segment | \$171.49 | PA Required |
| 63075 | Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves, Single Interspace | \$1,190.58 | PA Required |
| 63076 | Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves, Each Additional Interspace | \$210.03 | PA Required |
| 63077 | Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves, Single Interspace | \$1,316.09 | PA Required |
| 63078 | Removal Of Middle Spine Disc And Release Of Spinal Cord And/Or Nerves, Each Additional Interspace | \$172.58 | PA Required |
| 63081 | Removal Of Upper Spine Bone With Release Of Spinal Cord And/Or Nerves, Anterior Approach, Single Segment | \$1,533.56 | |
| 63082 | Removal Of Upper Spine Bone With Release Of Spinal Cord And/Or Nerves, Anterior Approach, Each Additional Segment | \$227.23 | |
| 63085 | Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Transthoracic Approach, Single Segment | \$1,865.70 | |
| 63086 | Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Transthoracic Approach, Each Additional Segment | \$163.93 | |
| 63087 | Removal Of Middle Or Lower Spine Bone With Release Of Spinal Cord Or Nerves, Combined Thoracolumbar Approach, Single Segment | \$2,096.70 | |
| 63088 | Removal Of Middle Or Lower Spine Bone With Release Of Spinal Cord Or Nerves, Combined Thoracolumbar Approach, Each Additional Segment | \$221.18 | |
| 63090 | Removal Of Middle, Lower, Or Sacral Spine Bone With Release Of Spinal Cord Or Nerves, Transperitoneal Or Retroperitoneal Approach, Single Segment | \$1,722.98 | |
| 63091 | Removal Of Middle, Lower, Or Sacral Spine Bone With Release Of Spinal Cord Or Nerves, Transperitoneal Or Retroperitoneal Approach, Each Additional Segment | \$154.17 | |
| 63101 | Removal Of Middle Spine Bone With Release Of Spinal Cord And/Or Nerves, Lateral Extracavitary Approach | \$2,333.52 | |
| 63102 | Removal Of Lower Spine Bone With Release Of Spinal Cord And/Or Nerves, Lateral Extracavitary Approach | \$2,297.59 | |
| 63103 | Removal Of Middle Or Lower Spine Bone With Release Of Spinal Cord And/Or Nerves, Lateral Extracavitary Approach | \$251.17 | |
| 63170 | Laminectomy With Myelotomy (Eg, Bischof Or Drez Type), Cervical, Thoracic Or Thoracolumbar | \$1,369.81 | |
| 63172 | Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Subarachnoid Space | \$1,213.72 | |
| 63173 | Laminectomy With Drainage Of Intramedullary Cyst/Syrinx; To Peritoneal Or Pleural Space | \$1,480.38 | |
| 63185 | Removal Of Spine Bone With Severing Of Nerve Roots, 1 Or 2 Segments | \$1,009.65 | PA Required |
| 63190 | Removal Of Spine Bone With Severing Of Nerve Roots, More Than 2 Segments | \$1,243.79 | PA Required |
| 63191 | Laminectomy With Section Of Spinal Accessory Nerve | \$1,190.90 | PA Required |
| 63197 | Removal Of Spine Bone With Incision Of Both Middle Spinal Cord Tracts | \$1,468.12 | PA Required |
| 63200 | Laminectomy, With Release Of Tethered Spinal Cord, Lumbar | \$1,273.69 | PA Required |
| 63250 | Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Cord; Cervical | \$2,517.35 | |
| 63251 | Removal Of Middle Spine Bone And Arteriovenous Malformation | \$2,575.04 | |
| 63252 | Removal Of Middle And Lower Spine Bone And Arteriovenous Malformation | \$2,574.39 | |
| 63265 | Removal Of Upper Spine Bone And Growth Other Than A Tumor Extradural | \$1,443.12 | |
| 63266 | Removal Of Middle Spine Bone And Growth Other Than A Tumor, Extradural | \$1,487.83 | |
| 63267 | Removal Of Lower Spine Bone And Growth Other Than A Tumor, Extradural | \$1,332.82 | |
| 63268 | Removal Of Sacral Spine Bone And Growth Other Than A Tumor, Extradural | \$1,237.10 | |
| 63270 | Removal Of Upper Spine Bone And Growth Other Than A Tumor, Intradural | \$1,776.74 | |
| 63271 | Removal Of Middle Spine Bone And Growth Other Than A Tumor, Intradural | \$1,774.98 | |
| 63272 | Removal Of Lower Spine Bone And Growth Other Than A Tumor, Intradural | \$1,805.51 | |
| 63273 | Removal Of Sacral Spine Bone And Growth Other Than A Tumor, Intradural | \$1,601.20 | |
| 63275 | Removal Or Biopsy Of Upper Spine Bone Tumor, Extradural | \$1,556.75 | |
| 63276 | Removal Or Biopsy Of Middle Spine Bone Tumor, Extradural | \$1,714.56 | |
| 63277 | Removal Or Biopsy Of Lower Spine Bone Tumor, Extradural | \$1,357.24 | |
| 63278 | Removal Or Biopsy Of Sacral Spine Bone Tumor, Extradural | \$1,372.09 | |
| 63280 | Removal Or Biopsy Of Upper Spine Bone Tumor, Intradural | \$1,815.56 | |
| 63281 | Removal Or Biopsy Of Middle Spine Bone Tumor, Intradural | \$1,797.93 | |
| 63282 | Removal Or Biopsy Of Lower Spine Bone Tumor, Intradural | \$1,698.96 | |
| 63283 | Removal Or Biopsy Of Sacral Spine Bone Tumor, Intradural | \$1,632.87 | |
| 63285 | Removal Or Biopsy Of Upper Spine Bone Tumor, Intramedullary, Intradural | \$2,227.60 | |
| 63286 | Removal Or Biopsy Of Middle Spine Bone Tumor, Intramedullary, Intradural | \$2,445.59 | |
| 63287 | Removal Or Biopsy Of Lower Spine Bone Tumor, Intramedullary, Intradural | \$2,564.15 | |
| 63290 | Removal Or Biopsy Of Spine Bone Tumor, Combined Extradural-Intradural | \$2,373.26 | |
| 63295 | Osteoplastic Reconstruction Of Dorsal Spinal Elements, Following Primary Intraspinal Procedure (List Separately In Addition To Code For Primary Procedure) | \$306.42 | |
| 63300 | Removal Of Upper Spine Bone Growth, Extradural | \$1,577.19 | |
| 63301 | Removal Of Middle Spine Bone Growth, Transthoracic Approach, Extradural | \$1,886.04 | |
| 63302 | Removal Of Middle Spine Bone Growth, Thoracolumbar Approach, Extradural | \$1,863.96 | |
| 63303 | Removal Of Lower Or Sacral Spine Bone Growth, Transperitoneal Or Retroperitoneal Approach, Extradural | \$1,974.46 | |
| 63304 | Removal Of Upper Spine Bone Growth, Intradural | \$2,006.12 | |
| 63305 | Removal Of Middle Spine Bone Growth, Transthoracic Approach, Intradural | \$2,132.00 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|------------|-------------------|
| 63306 | Removal Of Middle Spine Bone Growth, Thoracolumbar Approach, Intradural | \$2,095.59 | |
| 63307 | Removal Of Lower Or Sacral Spine Bone Growth, Transperitoneal Or Retroperitoneal Approach, Intradural | \$2,051.67 | |
| 63308 | Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, For Excision Of Intraspinal Lesion, Single Segment; Each Additional Segment (List Separately In Addition To Codes For Single Segment) | \$271.85 | |
| 63600 | Creation Of Stereotactic Spinal Cord Lesion, Accessed Through The Skin | \$941.06 | |
| 63610 | Stereotactic Stimulation Of Spinal Cord, Percutaneous, Separate Procedure Not Followed By Other Surgery | \$488.33 | |
| 63620 | Stereotactic Treatment Of One Spine Growth | \$966.32 | |
| 63621 | Stereotactic Treatment Of Each Additional Spine Growth | \$210.64 | |
| 63650 | Implantation Of Spinal Neurostimulator Electrodes, Accessed Through The Skin | \$1,685.08 | PA Required |
| 63655 | Laminectomy For Implantation Of Neurostimulator Electrodes, Plate/Paddle, Epidural | \$820.20 | PA Required |
| 63661 | Removal Or Revision Of Spinal Neurostimulator Electrodes, Accessed Through The Skin | \$593.20 | |
| 63662 | Removal Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy, Including Fluoroscopy, When Performed | \$755.90 | |
| 63663 | Revision And Replacement Of Spinal Neurostimulator Electrodes, On The Skin | \$864.29 | |
| 63664 | Revision And Replacement Of Spinal Neurostimulator Electrodes, Implanted | \$776.23 | |
| 63685 | Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling | \$363.30 | PA Required |
| 63688 | Revision Or Removal Of Implanted Spinal Neurostimulator Pulse Generator Or Receiver | \$373.26 | |
| 63700 | Repair Of Meningocele; Less Than 5 Cm Diameter | \$1,136.69 | |
| 63702 | Repair Of Meningocele; Larger Than 5 Cm Diameter | \$1,239.17 | |
| 63704 | Repair Of (Less Than 5 Centimeter Diameter) Spinal Cord Defect (Spina Bifida) | \$1,441.46 | |
| 63706 | Repair Of (Larger Than 5 Centimeter) Spinal Cord Defect (Spina Bifida) | \$1,509.93 | |
| 63707 | Repair Of Dural/Cerebrospinal Fluid Leak, Not Requiring Laminectomy | \$707.97 | |
| 63709 | Repair Of Spinal Fluid Leak, With Removal Of Part Of Vertebra | \$1,092.13 | |
| 63710 | Dural Graft, Spinal | \$960.93 | |
| 63740 | Creation Of Shunt, Lumbar, Subarachnoid-Peritoneal, -Pleural, Or Other; Including Laminectomy | \$858.76 | |
| 63741 | Creation Of Spinal Fluid Shunt, Accessed Through The Skin | \$662.34 | |
| 63744 | Replacement, Irrigation, Or Revision Of Lower Spinal Canal Shunt | \$604.38 | |
| 63746 | Removal Of Entire Lumbosubarachnoid Shunt System Without Replacement | \$508.94 | |
| 64400 | Injection Of Anesthetic Agent And/Or Steroid Into Trigeminal Nerve Of Face | \$121.67 | |
| 64405 | Injection Of Anesthetic Agent And/Or Steroid Into Greater Occipital Nerve Of Upper Neck And Back Of Head | \$76.41 | |
| 64408 | Injection Of Anesthetic Agent And/Or Steroid Into Vagus Nerve | \$77.45 | |
| 64415 | Injection Of Anesthetic Agent And/Or Steroid Into Brachial Nerve Bundle Of Arm | \$78.62 | |
| 64416 | Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Brachial Nerve Bundle Of Arm | \$64.97 | |
| 64417 | Injection Of Anesthetic Agent And/Or Steroid Into Axillary Nerve Of Upper Arm And Shoulder | \$98.52 | |
| 64418 | Injection Of Anesthetic Agent And/Or Steroid Into Suprascapular Nerve Of Shoulder | \$84.88 | |
| 64420 | Injection Of Anesthetic Agent And/Or Steroid Into Single Intercostal Nerve Of Rib | \$71.22 | |
| 64421 | Injection Of Anesthetic Agent And/Or Steroid Into Multiple Intercostal Nerves Of Ribs For Regional Nerve Block | \$34.42 | |
| 64425 | Injection Of Anesthetic Agent And/Or Steroid Into Ilioinguinal And Iliohypogastric Nerves Of Lower Abdomen And Groin | \$88.82 | |
| 64430 | Injection Of Anesthetic Agent And/Or Steroid Into Pudendal Nerve Of External Genitals And Area Around Anus | \$91.91 | |
| 64435 | Injection Of Anesthetic Agent And/Or Steroid Into Paracervical Nerve Of Uterus | \$76.79 | |
| 64445 | Injection Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg | \$88.61 | |
| 64446 | Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Sciatic Nerve Of Lower Back And Leg | \$59.89 | |
| 64447 | Injection Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh | \$93.43 | |
| 64448 | Injection By Continuous Infusion Of Anesthetic Agent And/Or Steroid Into Femoral Nerve Of Thigh | \$61.71 | |
| 64449 | Injection By Continuous Infusion Of Anesthetic Agent Into Lumbar Nerve Bundle Of Lower Back By Posterior Approach | \$62.80 | |
| 64450 | Injection Of Anesthetic Agent And/Or Steroid Into Other Peripheral Nerve Or Branch | \$79.99 | |
| 64451 | Injection Of Anesthetic Agent And/Or Steroid Into Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance | \$221.14 | |
| 64454 | Injection Of Anesthetic Agent And/Or Steroid Into Genicular Nerve Branches Of Knee Using Imaging Guidance | \$223.40 | |
| 64455 | Injections Of Anesthetic And/Or Steroid Drug Into Nerve Of Foot | \$53.87 | |
| 64461 | Injection Of Anesthetic Agent, Thoracic Vertebra Through A Single Incision | \$129.14 | |
| 64462 | Injection Of Anesthetic Agent, Thoracic Vertebra Through Additional Incisions | \$68.72 | |
| 64463 | Injection Of Anesthetic Agent, Thoracic Vertebra Through A Inserted Catheter | \$228.24 | |
| 64479 | Injections Of Anesthetic And/Or Steroid Drug Into Upper Or Middle Spine Nerve Root Using Imaging Guidance, Single Level | \$188.41 | |
| 64480 | Injections Of Anesthetic And/Or Steroid Drug Into Upper Or Middle Spine Nerve Root Using Imaging Guidance, Each Additional Level | \$109.77 | |
| 64483 | Injections Of Anesthetic And/Or Steroid Drug Into Lower Or Sacral Spine Nerve Root Using Imaging Guidance, Single Level | \$265.84 | |
| 64484 | Injections Of Anesthetic And/Or Steroid Drug Into Lower Or Sacral Spine Nerve Root Using Imaging Guidance, Each Additional Level | \$109.77 | |
| 64486 | Injections Of Local Anesthetic For Pain Control And Abdominal Wall Analgesia On One Side | \$119.48 | |
| 64487 | Continuous Infusions Of Local Anesthetic For Pain Control And Abdominal Wall Analgesia On One Side | \$213.50 | |
| 64488 | Injections Of Local Anesthetic For Pain Control And Abdominal Wall Analgesia On Both Sides | \$148.31 | |
| 64489 | Continuous Infusions Of Local Anesthetic For Pain Control And Abdominal Wall Analgesia On Both Sides | \$350.86 | |
| 64490 | Injections Of Upper Or Middle Spine Facet Joint Using Imaging Guidance, Single Level | \$199.33 | |
| 64491 | Injections Of Upper Or Middle Spine Facet Joint Using Imaging Guidance, Second Level | \$100.91 | |
| 64492 | Injections Of Upper Or Middle Spine Facet Joint Using Imaging Guidance, Third And Any Additional Level(S) | \$102.08 | |
| 64493 | Injections Of Lower Or Sacral Spine Facet Joint Using Imaging Guidance, Single Level | \$178.28 | |
| 64494 | Injections Of Lower Or Sacral Spine Facet Joint Using Imaging Guidance, Second Level | \$91.82 | |
| 64495 | Injections Of Lower Or Sacral Spine Facet Joint Using Imaging Guidance, Third And Any Additional Level(S) | \$92.99 | |
| 64505 | Injection Of Anesthetic Agent, Trigeminal Nerve Bundle | \$96.60 | |
| 64510 | Injection Of Anesthetic Agent, Sympathetic Nerve Bundle | \$157.27 | |
| 64517 | Injection Of Anesthetic Agent, Sacral Nerve Bundle | \$184.10 | |
| 64520 | Injection Of Anesthetic Agent, Middle Or Lower Spine Sympathetic Nerves | \$249.69 | |
| 64530 | Injection Of Anesthetic Agent, Abdominal Sympathetic Nerve Bundle | \$165.92 | |
| 64553 | Implantation Of Cranial Nerve Neurostimulator Electrodes, Accessed Through The Skin | \$2,492.70 | |
| 64555 | Implantation Of Peripheral Nerve Neurostimulator Electrodes, Accessed Through The Skin | \$2,184.29 | |
| 64561 | Insertion Of Sacral Nerve Neurostimulator Electrodes, Accessed Through The Skin | \$803.03 | PA Required |
| 64566 | Implantation Of Lower Leg Neurostimulator Electrode, Accessed Through The Skin | \$115.15 | |
| 64568 | Incision For Implantation Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator | \$609.79 | PA Required |
| 64569 | Revision Or Replacement Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array, Including Connection To Existing Pulse Generator | \$674.77 | |
| 64570 | Removal Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator | \$713.33 | |
| 64575 | Incision For Implantation Of Neurostimulator Electrode Array; Peripheral Nerve (Excludes Sacral Nerve) | \$292.43 | PA Required |
| 64580 | Incision For Implantation Of Neurostimulator Electrode Array; Neuromuscular | \$284.98 | |
| 64581 | Incision For Implantation Of Neurostimulator Electrode Array; Sacral Nerve (Transforaminal Placement) | \$663.35 | PA Required |
| 64582 | Insertion Of Hypoglossal Nerve Neurostimulator Electrode And Generator And Breathing Sensor Electrode | \$733.16 | |
| 64583 | Revision Or Replacement Of Hypoglossal Nerve Neurostimulator Electrode And Breathing Sensor Electrode With Connection To Existing Generator | \$747.62 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|------------|-------------------|
| 64584 | Removal Of Hypoglossal Nerve Neurostimulator Electrode And Generator And Breathing Sensor Electrode | \$631.48 | |
| 64585 | Revision Or Removal Of Peripheral Neurostimulator Electrode Array | \$215.49 | |
| 64590 | Insertion Or Replacement Of Peripheral Neurostimulator Pulse Generator Or Receiver, Direct Or Inductive Coupling | \$184.14 | PA Required |
| 64595 | Revision Or Removal Of Peripheral Neurostimulator Pulse Generator Or Receiver | \$163.00 | PA Required |
| 64600 | Destruction Of The First Division Of The Trigeminal (Facial) Nerve Branch | \$441.24 | |
| 64605 | Destruction Of The Second And Third Division Of The Trigeminal (Facial) Nerve Branch | \$607.74 | |
| 64610 | Destruction By Neurolytic Agent, Trigeminal Nerve Second And Third Division Branches At Foramen Ovale Under Radiologic Monitoring | \$735.77 | |
| 64611 | Chemodestruction Of Parotid And Submandibular Salivary Glands, Bilateral | \$136.73 | |
| 64612 | Chemodestruction Of Muscle(S); Muscle(S) Innervated By Facial Nerve, Unilateral (Eg, For Blepharospasm, Hemifacial Spasm) | \$139.80 | |
| 64615 | Chemodestruction Of Muscle(S); Muscle(S) Innervated By Facial, Trigeminal, Cervical Spinal And Accessory Nerves, Bilateral (Eg, For Chronic Migraine) | \$152.54 | |
| 64616 | Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Neck Excluding Voice Box Accessed Through The Skin | \$90.50 | |
| 64617 | Injection Of Chemical For Destruction Of Nerve Muscles On One Side Of Voice Box Accessed Through The Skin | \$152.94 | |
| 64620 | Destruction By Neurolytic Agent Intercostal Nerve | \$143.52 | |
| 64624 | Destruction Of Genicular Nerve Branches Of Knee By Injection Using Imaging Guidance | \$428.76 | |
| 64625 | Radiofrequency Destruction Of Nerves Supplying Joint Between Spine And Pelvis Using Imaging Guidance | \$523.04 | |
| 64628 | Heat Destruction Of Intraosseous Basivertebral Nerve In Bones Of Spine In Lower Back, First Two Bones | \$384.27 | |
| 64629 | Heat Destruction Of Intraosseous Basivertebral Nerve In Additional Bone Of Spine In Lower Back | \$176.27 | |
| 64630 | Destruction By Neurolytic Agent; Pudendal Nerve | \$242.25 | |
| 64632 | Destruction By Neurolytic Agent; Plantar Common Digital Nerve | \$84.85 | |
| 64633 | Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint | \$473.99 | |
| 64634 | Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) | \$235.43 | |
| 64635 | Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint | \$503.02 | |
| 64636 | Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Each Additional Facet Joint (List Separately In Addition To Code For Primary Procedure) | \$212.07 | |
| 64640 | Destruction By Neurolytic Agent Other Peripheral Nerve Or Branch | \$175.06 | |
| 64642 | Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 1-4 Muscles | \$115.15 | |
| 64643 | Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 1-4 Muscles, Each Additional Extremity | \$75.33 | |
| 64644 | Injection Of Chemical For Destruction Of Nerve Muscles On One Arm Or Leg, 5 Or More Muscles | \$132.05 | |
| 64645 | Injection Of Chemical For Destruction Of Nerve Muscles On Arm Or Leg, 5 Or More Muscles, Each Additional Extremity | \$92.45 | |
| 64646 | Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 5 Or More Muscles | \$123.95 | |
| 64647 | Injection Of Chemical For Destruction Of Nerve Muscles On Trunk, 6 Or More Muscles | \$164.42 | |
| 64650 | Chemodestruction Of Eccrine Glands; Both Axillae | \$70.56 | |
| 64653 | Chemodestruction Of Eccrine Glands; Other Area(S) (Eg, Scalp, Face, Neck), Per Day | \$83.78 | |
| 64680 | Destruction By Neurolytic Agent, With Or Without Radiologic Monitoring; Celiac Plexus | \$312.44 | |
| 64681 | Destruction By Neurolytic Agent, With Or Without Radiologic Monitoring; Superior Hypogastric Plexus | \$456.58 | |
| 64702 | Neurolysis; Digital, One Or Both, Same Digit | \$350.77 | |
| 64704 | Neurolysis; Nerve Of Hand Or Foot | \$301.33 | |
| 64708 | Release Of Nerve Of Arm Or Leg, Open Procedure | \$514.98 | |
| 64712 | Release Of Sciatic Nerve, Open Procedure | \$603.40 | |
| 64713 | Release Of Major Nerve Of Arm Or Leg, Open Procedure | \$713.08 | |
| 64714 | Release Of Nerve Of Upper Leg, Open Procedure | \$685.61 | |
| 64716 | Neurolysis And/Or Transposition; Cranial Nerve (Specify) | \$472.84 | |
| 64718 | Neurolysis And/Or Transposition; Ulnar Nerve At Elbow | \$557.92 | |
| 64719 | Neurolysis And/Or Transposition; Ulnar Nerve At Wrist | \$417.86 | |
| 64721 | Neurolysis And/Or Transposition; Median Nerve At Carpal Tunnel | \$456.88 | |
| 64722 | Decompression; Unspecified Nerve(S) (Specify) | \$365.31 | |
| 64726 | Decompression; Plantar Digital Nerve | \$250.79 | |
| 64727 | Internal Neurolysis By Dissection, With Or Without Microdissection (List Separately In Addition To Code For Primary Neuroplasty) | \$161.79 | |
| 64732 | Transsection Or Avulsion Of; Supraorbital Nerve | \$402.10 | |
| 64734 | Transsection Or Avulsion Of; Infraorbital Nerve | \$453.67 | |
| 64736 | Transsection Or Avulsion Of; Mental Nerve | \$307.83 | |
| 64738 | Transsection Or Avulsion Of; Inferior Alveolar Nerve By Osteotomy | \$421.16 | |
| 64740 | Transsection Or Avulsion Of; Lingual Nerve | \$431.95 | |
| 64742 | Transsection Or Avulsion Of; Facial Nerve, Differential Or Complete | \$459.06 | |
| 64744 | Transsection Or Avulsion Of; Greater Occipital Nerve | \$445.96 | |
| 64746 | Transsection Or Avulsion Of; Phrenic Nerve | \$386.81 | |
| 64755 | Transsection Or Avulsion Of; Vagus Nerves Limited To Proximal Stomach (Selective Proximal Vagotomy, Proximal Gastric Vagotomy, Parietal Cell Vagotomy, Supra- Or Highly Selective Vagotomy) | \$820.14 | |
| 64760 | Transsection Or Avulsion Of; Vagus Nerve (Vagotomy), Abdominal | \$469.28 | |
| 64763 | Incision Or Removal Of Nerve (Obturator) Outside Of The Pelvis That Control The Muscles That Pull The Thighs Together | \$464.14 | |
| 64766 | Incision Or Removal Of Nerve (Obturator) Inside Of The Pelvis That Control The Muscles That Pull The Thighs Together | \$572.17 | |
| 64771 | Transsection Or Avulsion Of Other Cranial Nerve, Extradural | \$531.50 | |
| 64772 | Transsection Or Avulsion Of Other Spinal Nerve, Extradural | \$582.73 | |
| 64774 | Excision Of Neuroma; Cutaneous Nerve, Surgically Identifiable | \$382.98 | |
| 64776 | Removal Of Growth Of Finger Or Toe Nerve, Same Digit | \$362.74 | |
| 64778 | Removal Of Growth Of Finger Or Toe Nerve, Each Additional Digit | \$160.31 | |
| 64782 | Excision Of Neuroma; Hand Or Foot, Except Digital Nerve | \$420.66 | |
| 64783 | Removal Of Growth Of Hand Or Foot Nerve, Each Additional Nerve | \$191.55 | |
| 64784 | Excision Of Neuroma; Major Peripheral Nerve, Except Sciatic | \$662.80 | |
| 64786 | Excision Of Neuroma; Sciatic Nerve | \$896.14 | |
| 64787 | Insertion Of Plastic Cap On Nerve End | \$213.65 | |
| 64788 | Excision Of Neurofibroma Or Neurolemmoma; Cutaneous Nerve | \$350.91 | |
| 64790 | Removal Of Growth Of Peripheral Nerve Or Nerve Lining, Major | \$768.01 | |
| 64792 | Removal Of Growth Of Peripheral Nerve Or Nerve Lining, Extensive Including Malignancy | \$954.32 | |
| 64795 | Biopsy Of Nerve | \$186.77 | |
| 64802 | Sympathectomy, Cervical | \$739.66 | |
| 64804 | Sympathectomy, Cervicothoracic | \$1,031.78 | |
| 64809 | Sympathectomy, Thoracolumbar | \$941.52 | |
| 64818 | Sympathectomy, Lumbar | \$705.68 | |
| 64820 | Sympathectomy; Digital Arteries, Each Digit | \$667.39 | |
| 64821 | Sympathectomy; Radial Artery | \$633.77 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 64822 | Sympathectomy; Ulnar Artery | \$638.14 | |
| 64823 | Sympathectomy; Superficial Palmar Arch | \$721.12 | |
| 64831 | Suture Of One Hand Or Foot Digital Nerve | \$466.60 | |
| 64832 | Suture Of Each Additional Digital Hand Or Foot Digital Nerve | \$223.03 | |
| 64834 | Suture Of One Nerve; Hand Or Foot, Common Sensory Nerve | \$634.86 | |
| 64835 | Suture Of One Nerve; Median Motor Thenar | \$741.13 | |
| 64836 | Suture Of One Nerve; Ulnar Motor | \$741.13 | |
| 64837 | Suture Of Each Additional Nerve, Hand Or Foot (List Separately In Addition To Code For Primary Procedure) | \$322.70 | |
| 64840 | Suture Of Posterior Tibial Nerve | \$871.73 | |
| 64856 | Suture Of Peripheral Nerve, Arm Or Leg, With Relocation To New Site | \$895.52 | |
| 64857 | Suture Of Peripheral Nerve, Arm Or Leg | \$974.45 | |
| 64858 | Suture Of Sciatic Nerve | \$1,059.80 | |
| 64859 | Suture Of Each Additional Major Peripheral Nerve (List Separately In Addition To Code For Primary Procedure) | \$219.40 | |
| 64861 | Suture Of; Brachial Plexus | \$1,310.06 | |
| 64862 | Suture Of; Lumbar Plexus | \$1,236.04 | |
| 64864 | Suture Of Facial Nerve; Extracranial | \$782.85 | |
| 64865 | Suture Of Facial Nerve; Intratemporal, With Or Without Grafting | \$1,005.98 | |
| 64866 | Connection Of Nerves To Restore Function To The Face (Facial-Spinal) | \$1,144.66 | |
| 64868 | Connection Of Nerves To Restore Function To The Face (Facial-Hypoglossal) | \$922.52 | |
| 64872 | Suture Of Nerve; Requiring Secondary Or Delayed Suture (List Separately In Addition To Code For Primary Neurorrhaphy) | \$102.65 | |
| 64874 | Suture Of Nerve; Requiring Extensive Proximal Mobilization, Or Transposition Of Nerve (List Separately In Addition To Code For Nerve Suture) | \$153.76 | |
| 64876 | Suture Of Nerve; Requiring Shortening Of Bone Of Extremity (List Separately In Addition To Code For Nerve Suture) | \$173.74 | |
| 64885 | Nerve Graft (Includes Obtaining Graft), Head Or Neck; Up To 4 Cm In Length | \$1,008.44 | |
| 64886 | Nerve Graft (Includes Obtaining Graft), Head Or Neck; More Than 4 Cm In Length | \$1,174.41 | |
| 64890 | Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; Up To 4 Cm Length | \$974.41 | |
| 64891 | Nerve Graft (Includes Obtaining Graft), Single Strand, Hand Or Foot; More Than 4 Cm Length | \$1,035.45 | |
| 64892 | Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; Up To 4 Cm Length | \$948.19 | |
| 64893 | Nerve Graft (Includes Obtaining Graft), Single Strand, Arm Or Leg; More Than 4 Cm Length | \$1,010.45 | |
| 64895 | Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or Foot; Up To 4 Cm Length | \$1,192.82 | |
| 64896 | Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Hand Or Foot; More Than 4 Cm Length | \$1,285.06 | |
| 64897 | Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Leg; Up To 4 Cm Length | \$1,286.44 | |
| 64898 | Nerve Graft (Includes Obtaining Graft), Multiple Strands (Cable), Arm Or Leg; More Than 4 Cm Length | \$1,233.74 | |
| 64901 | Placement Of Nerve For Grafting, Single Strand | \$526.59 | |
| 64902 | Nerve Graft, Each Additional Nerve; Multiple Strands (Cable) (List Separately In Addition To Code For Primary Procedure) | \$609.80 | |
| 64905 | Transfer Of Nerve To Injured Nerve, First Stage | \$913.24 | |
| 64907 | Transfer Of Nerve To Injured Nerve, Second Stage | \$1,169.88 | |
| 64910 | Nerve Repair; With Synthetic Conduit Or Vein Allograft (Eg, Nerve Tube), Each Nerve | \$721.07 | |
| 64911 | Nerve Repair; With Autogenous Vein Graft (Includes Harvest Of Vein Graft), Each Nerve | \$931.15 | |
| 64912 | Repair Of Nerve Using Nerve Graft, First Strand | \$800.95 | |
| 64913 | Repair Of Nerve Using Nerve Graft, Each Additional Strand | \$157.01 | |
| 64999 | Unlisted Procedure, Nervous System | Price By Report | |
| 65091 | Removal Of Eye Contents, Without Bone | \$712.74 | |
| 65093 | Evisceration Ocular Contents; With Implant | \$661.82 | |
| 65101 | Enucleation Eye; Without Implant | \$812.74 | |
| 65103 | Enucleation Eye; With Implant, Muscles Not Attached To Implant | \$797.59 | |
| 65105 | Enucleation Eye; With Implant, Muscles Attached To Implant | \$909.05 | |
| 65110 | Removal Of Eye Contents, With Bone | \$1,246.51 | |
| 65112 | Exenteration Orbit(Does Not Include Skin Graft), Removal Orbital Contents; With Therapeutic Removal Of Bone | \$1,424.51 | |
| 65114 | Exenteration Of Orbit (Does Not Include Skin Graft), Removal Of Orbital Contents; With Muscle Or Myocutaneous Flap | \$1,486.15 | |
| 65125 | Modification Of Ocular Implant With Placement Or Replacement Of Pegs (Eg, Drilling Receptacle For Prosthesis Appendage) (Separate Procedure) | \$436.15 | |
| 65130 | Insertion Of Permanent Ocular Prosthesis Into Orbit, After Evisceration, In Scleral Shell | \$815.14 | |
| 65135 | Insertion Of Permanent Ocular Prosthesis Into Orbit, After Nucleation, Muscles Not Attached To Implant | \$824.62 | |
| 65140 | Insertion Ocular Implant Secondary; After Enucleation, Muscles Attached To Implant | \$884.72 | |
| 65150 | Reinsertion Of Ocular Implant With Or Without Graft From The Outer Eye | \$674.12 | |
| 65155 | Reinsertion Of Ocular Implant With Foreign Material | \$918.53 | |
| 65175 | Removal Ocular Implant | \$746.21 | |
| 65205 | Removal Of Foreign Body In External Eye, Conjunctiva | \$29.94 | |
| 65210 | Removal Of Foreign Body In External Eye, Conjunctiva Or Sclera | \$40.48 | |
| 65220 | Removal Of Foreign Body, External Eye, Cornea | \$43.28 | |
| 65222 | Removal Of Foreign Body, External Eye, Cornea With Slit Lamp Examination | \$70.76 | |
| 65235 | Removal Of Foreign Body, Intraocular; From Anterior Chamber Of Eye Or Lens | \$679.98 | |
| 65260 | Removal Of Foreign Body From Inside Eye With A Magnet | \$914.15 | |
| 65265 | Removal Of Foreign Body From Inside Eye Without A Magnet | \$903.54 | |
| 65270 | Repair Laceration; Conjunctiva, With Or Without Nonperforating Laceration Sclera, Direct Closure | \$201.41 | |
| 65272 | Repair Laceration; Conjunctiva, By Mobilization And Rearrangement, Without Hospitalization | \$503.35 | |
| 65273 | Repair Of Lacerated Conjunctiva Using Flap Or Graft, Requiring Hospitalization | \$351.84 | |
| 65275 | Repair Laceration; Cornea, Nonperforating, With Or Without Removal Foreign Body | \$554.43 | |
| 65280 | Repair Of Perforating Laceration Of Cornea And/Or Sclera Not Involving Uveal Tissue | \$620.47 | |
| 65285 | Repair Of Perforating Laceration Of Cornea And/Or Sclera Involving Uveal Tissue | \$992.75 | |
| 65286 | Repair Of Laceration Application Of Tissue Glue, Wounds Of Cornea And/Or Sclera | \$663.12 | |
| 65290 | Repair Of Injured Eye Muscle Or Tendon | \$453.71 | |
| 65400 | Excision Lesion Cornea (Keratotomy, Lamellar, Partial), Except Pterygium | \$491.79 | |
| 65410 | Biopsy Cornea | \$134.35 | |
| 65420 | Removal Or Relocation Of Corneal Conjunctiva, Without Graft | \$514.03 | |
| 65426 | Removal Or Relocation Of Corneal Conjunctiva, With Graft | \$715.84 | |
| 65430 | Scraping Cornea, Diagnostic, For Smear And/Or Culture | \$78.62 | |
| 65435 | Removal Of Outer Layer Of Cornea, Chemical Cauterization | \$71.30 | |
| 65436 | Removal Of Outer Layer Of Cornea, Chelating Agent | \$360.00 | |
| 65450 | Destruction Of Lesion Of Cornea By Cryotherapy, Photocoagulation Or Thermocauterization | \$306.33 | |
| 65600 | Multiple Punctures Of Anterior Cornea (Eg, For Corneal Erosion, Tattoo) | \$414.06 | |
| 65710 | Transplantation Of Tissue From One Cornea To Other Cornea, Anterior Lamellar | \$1,062.89 | |
| 65730 | Transplantation Of Tissue From One Cornea To Other Cornea, Penetrating (Except In Aphakia Or Pseudophakia) | \$1,293.12 | |
| 65750 | Transplantation Of Tissue From One Cornea To Other Cornea, Penetrating (In Aphakia) | \$1,172.65 | |
| 65755 | Transplantation Of Tissue From One Cornea To Other Cornea, Penetrating (In Pseudophakia) | \$1,167.09 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 65756 | Keratoplasty (Corneal Transplant); Endothelial | \$1,086.32 | |
| 65757 | Backbench Preparation Of Corneal Endothelial Allograft Prior To Transplantation (List Separately In Addition To Code For Primary Procedure) | \$210.53 | |
| 65772 | Corneal Relaxing Incision For Correction Of Surgically Induced Astigmatism | \$427.28 | |
| 65775 | Corneal Wedge Resection For Correction Of Surgically Induced Astigmatism | \$534.93 | |
| 65778 | Insertion Of Amniotic Membrane To Eye Surface | \$1,482.08 | |
| 65779 | Insertion Of Amniotic Membrane To Eye Surface With Sutures | \$1,152.76 | |
| 65780 | Ocular Surface Reconstruction; Amniotic Membrane Transplantation, Multiple Layers | \$620.63 | |
| 65781 | Ocular Surface Reconstruction; Limbal Stem Cell Allograft (Eg, Cadaveric Or Living Donor) | \$1,225.25 | |
| 65782 | Ocular Surface Reconstruction; Limbal Conjunctival Autograft (Includes Obtaining Graft) | \$1,058.57 | |
| 65785 | Implantation Of Corneal Ring Segments | \$2,141.45 | |
| 65800 | Aspiration Of Eye Fluid, Simple | \$123.48 | |
| 65810 | Aspiration Of Eye Fluid, Complex | \$429.69 | |
| 65815 | Paracentesis Anterior Chamber Eye (Separate Procedure); With Removal Of Blood, With Or Without Irrigation And/Or Air Injection | \$573.37 | |
| 65820 | Goniotomy | \$697.74 | |
| 65850 | Trabeculotomy Ab Externo | \$782.22 | |
| 65855 | Laser Repair To Improve Eye Fluid Flow, 1 Or More Sessions | \$255.44 | |
| 65860 | Severing Adhesions Of Anterior Segment, Laser Technique (Separate Procedure) | \$287.58 | |
| 65865 | Removal Of Scar Tissue In Eye, Goniosynechia | \$445.05 | |
| 65870 | Removal Of Scar Tissue In Eye, Anterior Synchia, Except Goniosynechia | \$552.93 | |
| 65875 | Removal Of Scar Tissue In Eye, Posterior Synchia | \$507.26 | |
| 65880 | Severing Adhesions Anterior Segment Eye (With Or Without Injection Air Or Liquid) (Separate Procedure); Corneovitreous Adhesions | \$619.25 | |
| 65900 | Removal Of Epithelial Downgrowth, Anterior Chamber Of Eye | \$923.96 | |
| 65920 | Removal Of Implanted Material, Anterior Segment Of Eye | \$735.07 | |
| 65930 | Removal Of Blood Clot, Anterior Segment Of Eye | \$596.03 | |
| 66020 | Injection, Anterior Chamber Of Eye (Separate Procedure); Air Or Liquid | \$181.02 | |
| 66030 | Injection, Anterior Chamber (Separate Procedure); Medication | \$169.55 | |
| 66130 | Excision Lesion Sclera | \$666.10 | |
| 66150 | Treatment For Glaucoma By Creating A Hole For Drainage And Excision Of Part Of The Iris | \$814.76 | |
| 66155 | Treatment For Glaucoma With Cautery And Excision Of Part Of The Iris | \$814.44 | |
| 66160 | Fistulization Sclera For Glaucoma; Sclerectomy With Punch Or Scissors, With Iridectomy | \$914.69 | |
| 66170 | Treatment For Glaucoma With Creation Of Eye Fluid Drainage, Primary | \$1,012.85 | |
| 66172 | Treatment For Glaucoma With Creation Of Eye Fluid Drainage, Secondary | \$1,106.09 | |
| 66174 | Transluminal Dilatation Of Aqueous Outflow Canal; Without Retention Of Device Or Stent | \$784.80 | |
| 66175 | Transluminal Dilatation Of Aqueous Outflow Canal; With Retention Of Device Or Stent | \$739.52 | |
| 66179 | Creation Of Shunt To Improve Eye Fluid Flow | \$1,000.74 | |
| 66180 | Creation Of Shunt To Improve Eye Fluid Flow With Graft | \$1,206.19 | |
| 66183 | Insertion Of Eye Fluid Drainage Device, External Approach | \$953.31 | |
| 66184 | Revision Of Shunt To Improve Eye Fluid Flow | \$734.29 | |
| 66185 | Revision Of Eye Fluid Drainage Shunt With Graft | \$719.04 | |
| 66225 | Repair Of Protrusion Of Inner Tissue Through Eyeball With Graft | \$865.97 | |
| 66250 | Follow-Up Surgery Of Eyeball | \$670.98 | |
| 66500 | Iridotomy By Stab Incision (Separate Procedure); Except Transfixion | \$373.49 | |
| 66505 | Iridotomy By Stab Incision (Separate Procedure); With Transfixion As For Iris Bombe | \$405.66 | |
| 66600 | Iridectomy, With Corneoscleral Or Corneal Section; For Removal Of Lesion | \$853.45 | |
| 66605 | Removal Of Iris And Eyelid Border To Improve Eye Fluid Flow, With Removal Of Part Of The Ciliary Muscle Or Body | \$1,015.70 | |
| 66625 | Removal Of Iris To Improve Eye Fluid Flow, Margin Of The Iris | \$441.44 | |
| 66630 | Removal Of Iris To Improve Eye Fluid Flow, Section Of The Iris | \$524.37 | |
| 66635 | Removal Of Iris And Eyelid Border To Improve Eye Fluid Flow, With Removal Of Part Of The Iris | \$529.39 | |
| 66680 | Repair Of Iris And Lens Tissue Without Suture Of The Iris | \$484.77 | |
| 66682 | Repair Of Iris And Lens Tissue With Suture Of The Iris | \$560.52 | |
| 66700 | Cyclodiathermy; Initial | \$422.48 | |
| 66710 | Ciliary Body Destruction; Cyclophotocoagulation, Transscleral | \$463.69 | |
| 66711 | Destruction Of Tissue Encircling Lens Using Endoscope | \$469.80 | |
| 66720 | Cyclocryotherapy; Initial | \$436.85 | |
| 66740 | Cyclodialysis; Initial | \$410.38 | |
| 66761 | Creation Of Eye Fluid Drainage Tracts In Iris Using Laser, Per Session | \$281.89 | |
| 66762 | Creation Of Openings In Iris For Eye Fluid Drainage Using Laser, 1 Or More Sessions | \$446.15 | |
| 66770 | Destruction Of Cyst Or Lesion Iris Or Ciliary Body (Nonexcisional Procedure) | \$494.34 | |
| 66820 | Removal Of Recurring Cataract In Lens Capsule With A Stab Incision | \$449.59 | |
| 66821 | Dissection Of Secondary Membranous Cataract (Opacified Posterior Lens Capsule And/Or Anterior Hyaloid; Laser Surgery (Eg, Yag Laser) (One Or More Stages) | \$348.35 | |
| 66825 | Repositioning Of Intraocular Lens Prosthesis, Requiring An Incision (Separate Procedure) | \$786.60 | |
| 66830 | Removal Of Recurring Cataract In Lens Capsule With A Sectioning Of The Cornea And Scleral Areas | \$656.12 | |
| 66840 | Removal Of Lens Material; Aspiration Technique, One Or More Stages | \$640.65 | |
| 66850 | Fragmenting, Aspiration, And Removal Of Lens Material | \$809.36 | |
| 66852 | Removal Of Lens Material; Pars Plana Approach, With Or Without Vitrectomy | \$861.14 | |
| 66920 | Removal Of Lens Material; Intracapsular | \$691.57 | |
| 66930 | Extraction Lens With Or Without Iridectomy; Intracapsular, For Dislocated Lens | \$792.47 | |
| 66940 | Removal Of Lens Material; Extracapsular (Other Than 66840, 66850, 66852) | \$725.81 | |
| 66982 | Removal Of Cataract With Insertion Of Lens, Complex | \$765.15 | |
| 66983 | Removal Of Cataract With Insertion Of Lens, 1 Stage | \$795.22 | |
| 66984 | Removal Of Cataract With Insertion Of Lens, Simple | \$558.65 | |
| 66985 | Insertion Of Intraocular Lens Prosthesis (Secondary Implant) Not Associated With Concurrent Cataract Removal | \$790.94 | |
| 66986 | Exchange Of Intraocular Lens | \$834.57 | |
| 66987 | Complex Removal Of Cataract With Insertion Of Lens And Laser Treatment To Decrease Fluid Production In Eye | Price By Report | |
| 66988 | Removal Of Cataract With Insertion Of Lens And Laser Treatment To Decrease Fluid Production In Eye | Price By Report | |
| 66989 | Complex Extracapsular Removal Of Cataract With Insertion Of Artificial Lens And Insertion Of Drainage Device In Front Chamber Of Eye | \$747.86 | |
| 66990 | Use Of Ophthalmic Endoscope (List Separately In Addition To Code For Primary Procedure) | \$81.04 | |
| 66991 | Extracapsular Removal Of Cataract With Insertion Of Artificial Lens And Insertion Of Drainage Device In Front Chamber Of Eye | \$598.81 | |
| 66999 | Unlisted Procedure, Anterior Segment Of Eye | Price By Report | |
| 67005 | Partial Removal Of Eye Fluid Between The Lens And Retina With Mechanical Vitrectomy | \$488.09 | |
| 67010 | Partial Removal Of Eye Fluid Between The Lens And Retina, Subtotal Removal With Mechanical Vitrectomy | \$502.34 | |
| 67015 | Aspiration Or Release Of Vitreous, Subretinal Or Choroidal Fluid, Pars Plana Approach (Posterior Sclerotomy) | \$538.55 | |
| 67025 | Injection Of Vitreous Substitute, Pars Plana Or Limbal Approach, (Fluid-Gas Exchange), With Or Without Aspiration (Separate Procedure) | \$696.41 | |
| 67027 | Implantation Of Intravitreal Drug Delivery System (Eg, Ganciclovir Implant), Includes Concomitant Removal Of Vitreous | \$782.66 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 67028 | Intravitreal Injection Of A Pharmacologic Agent (Separate Procedure) | \$117.30 | |
| 67030 | Discission Of Vitreous Strands (Without Removal), Pars Plana Approach | \$521.49 | |
| 67031 | Severing Of Vitreous Strands, Vitreous Face Adhesions, Sheets, Membranes Or Opacities, Laser Surgery (One Or More Stages) | \$364.57 | |
| 67036 | Vitrectomy, Mechanical, Pars Plana Approach | \$919.66 | |
| 67039 | Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, Focal | \$983.28 | |
| 67040 | Laser Destruction Of Eye Fluid (Vitreous) Between The Lens And Retina, All Of The Retina | \$1,061.21 | |
| 67041 | Vitrectomy, Mechanical, Pars Plana Approach; With Removal Of Preretinal Cellular Membrane (Eg, Macular Pucker) | \$1,170.30 | |
| 67042 | Removal Of Membrane From The Retina, Pars Plana Approach With Removal Of Internal Limiting Membrane Of Retina | \$1,170.30 | |
| 67043 | Removal Of Membrane From The Retina, Pars Plana Approach, With Removal Of Subretinal Membrane | \$1,110.64 | |
| 67101 | Repair Of Detached Retina, 1 Or More Sessions, With Cold Treatment | \$313.18 | |
| 67105 | Repair Of Detached Retina, 1 Or More Sessions, With A Lazer | \$276.23 | |
| 67107 | Repair Of Detached Retina And Drainage Of Eye Fluid Between Lens And Retina, Without Removal Of Vitreous Fluid | \$1,150.79 | |
| 67108 | Repair Of Detached Retina And Drainage Of Eye Fluid Between Lens And Retina, With Removal Of Vitreous Fluid | \$1,217.93 | |
| 67110 | Repair Of Retinal Detachment, One Or More Sessions; By Injection Of Air Or Other Gas (Eg, Pneumatic Retinopexy) | \$961.59 | |
| 67113 | Repair Of Detached Retina And Drainage Of Eye Fluid Between Lens And Retina, Complex | \$1,361.54 | |
| 67115 | Release Of Encircling Material (Posterior Segment) | \$461.31 | |
| 67120 | Removal Implanted Material, Posterior Segment Eye | \$631.31 | |
| 67121 | Removal Of Implanted Material, Posterior Segment; Intraocular | \$800.58 | |
| 67141 | Preventive Retinal Detachment Treatment By Heat Or Freezing, 1 Or More Sessions | \$281.59 | |
| 67145 | Preventive Retinal Detachment Treatment By Heat Or Laser, 1 Or More Sessions | \$251.79 | |
| 67208 | Destruction Of Retinal Growth By Heat Or Freezing, 1 Or More Sessions | \$559.49 | |
| 67210 | Laser Destruction Of Retinal Growth, 1 Or More Sessions | \$532.82 | |
| 67218 | Destruction Of Retinal Growth With Implantation Of Radiation Source, 1 Or More Sessions | \$1,287.77 | |
| 67220 | Destruction Of Vascular Growth Between Retina And Sclera, 1 Or More Sessions | \$494.26 | |
| 67221 | Destruction Of Localized Lesion Of Choroid (Eg, Choroidal Neovascularization); Photodynamic Therapy (Includes Intravenous Infusion) | \$254.32 | |
| 67225 | Destruction Of Vascular Growth Between Retina And Sclera, At Single Session | \$26.94 | |
| 67227 | Destruction Of Leaking Retinal Blood Vessels, 1 Or More Sessions | \$275.25 | |
| 67228 | Laser Destruction Of Leaking Retinal Blood Vessels, 1 Or More Sessions | \$350.57 | |
| 67229 | Laser Destruction Or Freezing Of Extensive Leaking Retinal Blood Vessels, Preterm Infant, 1 Or More Sessions | \$1,054.61 | |
| 67250 | Scleral Reinforcement (Separate Procedure); Without Graft | \$861.18 | |
| 67255 | Scleral Reinforcement (Separate Procedure); With Graft | \$638.55 | |
| 67299 | Unlisted Procedure, Posterior Segment | Price By Report | |
| 67311 | Strabismus Surgery, Recession Or Resection Procedure; One Horizontal Muscle | \$497.54 | |
| 67312 | Strabismus Surgery, Recession Or Resection Procedure (Patient Not Previously Operated On); Two Horizontal Muscles | \$718.07 | |
| 67314 | Strabismus Surgery, Recession Or Resection Procedure (Patient Not Previously Operated On); One Vertical Muscle (Excluding Superior Oblique) | \$570.95 | |
| 67316 | Strabismus Surgery, Recession Or Resection Procedure (Patient Not Previously Operated On); Two Or More Vertical Muscles (Excluding Superior Oblique) | \$729.06 | |
| 67318 | Strabismus Surgery, Any Procedure, Superior Oblique Muscle | \$635.09 | |
| 67320 | Transposition Procedure (Eg, For Paretic Extraocular Muscle), Any Extraocular Muscle (Specify) (List Separately In Addition To Code For Primary Procedure) | \$263.07 | |
| 67331 | Strabismus Surgery On Patient With Previous Eye Surgery Or Injury That Did Not Involve The Extraocular Muscles (List Separately In Addition To Code For Primary Procedure) | \$225.94 | |
| 67332 | Strabismus Surgery On Patient With Scarring Of Extraocular Muscles (Eg, Prior Ocular Injury, Strabismus Or Retinal Detachment Surgery) Or Restrictive Myopathy (Eg, Dysthyroid Ophthalmopathy) (List Separately In Addition To Code For Primary Procedure) | \$270.59 | |
| 67334 | Strabismus Surgery By Posterior Fixation Suture Technique, With Or Without Muscle Recession (List Separately In Addition To Code For Primary Procedure) | \$222.67 | |
| 67335 | Placement Of Adjustable Suture(S) During Strabismus Surgery, Including Postoperative Adjustment(S) Of Suture(S) (List Separately In Addition To Code For Specific Strabismus Surgery) | \$191.74 | |
| 67340 | Strabismus Surgery Involving Exploration And/Or Repair Of Detached Extraocular Muscle(S) (List Separately In Addition To Code For Primary Procedure) | \$268.66 | |
| 67343 | Release Of Extensive Scar Tissue Without Detaching Extraocular Muscle (Separate Procedure) | \$620.78 | |
| 67345 | Chemodestruction Of Extraocular Muscle | \$223.64 | |
| 67346 | Biopsy Of Extraocular Muscle | \$175.16 | |
| 67399 | Eye Muscle Procedure | Price By Report | |
| 67400 | Exploration Of Cavity Behind Eye, Frontal Or Transconjunctival Approach | \$820.33 | |
| 67405 | Orbitotomy Without Bone Flap (Frontal Approach); Drainage Only | \$858.07 | |
| 67412 | Orbitotomy Without Bone Flap (Frontal Approach); With Removal Lesion | \$1,052.01 | |
| 67413 | Orbitotomy Without Bone Flap (Frontal Approach); With Removal Foreign Body | \$916.95 | |
| 67414 | Removal Of Bone From Cavity Behind Eye, Without Bone Flap | \$1,377.05 | |
| 67415 | Fine Needle Aspiration Of Orbital Contents | \$94.24 | |
| 67420 | Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Removal Of Lesion | \$1,543.58 | |
| 67430 | Orbitotomy With Bone Flap, Lateral Approach (Eg, Kroenlein); With Removal Foreign Body | \$1,314.97 | |
| 67440 | Orbitotomy With Bone Flap Or Window, Lateral Approach (Eg, Kroenlein); With Drainage | \$1,276.47 | |
| 67445 | Removal Of Bone From Cavity Behind Eye, With Bone Flap | \$1,439.74 | |
| 67450 | Exploration Of Cavity Behind Eye With Bone Flap, Lateral Approach | \$1,240.97 | |
| 67500 | *Retrobulbar Injection; Medication (Separate Procedure, Does Not Include Supply Of Medication) | \$70.68 | |
| 67505 | Retrobulbar Injection; Alcohol | \$80.82 | |
| 67515 | Injection Of Medication Or Substance Into Membrane Covering Eyeball | \$48.11 | |
| 67550 | Orbital Implant (Implant Outside Muscle Cone); Insertion | \$1,028.40 | |
| 67560 | Orbital Implant (Implant Outside Muscle Cone); Removal Or Revision | \$1,050.64 | |
| 67570 | Optic Nerve Decompression (Eg, Incision Or Fenestration Of Optic Nerve Sheath) | \$1,274.32 | |
| 67599 | Unlisted Procedure, Orbit | Price By Report | |
| 67700 | Blepharotomy, Drainage Abscess Eyelid | \$203.81 | |
| 67710 | Severing Tarsorrhaphy | \$237.46 | |
| 67715 | Canthotomy (Separate Procedure) | \$256.36 | |
| 67800 | Removal Of Eyelid Growth, Chalazion (Chronic Inflammation Of The Meibomian Gland For The Eyelid) | \$121.10 | |
| 67801 | Excision Chalazion; Multiple, Same Lid | \$152.36 | |
| 67805 | Excision Chalazion; Multiple, Different Lids | \$139.48 | |
| 67808 | Excision Chalazion; Under General Anesthesia And/Or Requiring Hospitalization, Single Or Multiple | \$249.38 | |
| 67810 | Incisional Biopsy Of Eyelid Skin Including Lid Margin | \$131.38 | |
| 67820 | Correction Trichiasis; Epilation, Forceps Only | \$19.88 | |
| 67825 | Correction Of Trichiasis; Epilation By Other Than Forceps (Eg, By Electrosurgery, Cryotherapy, Laser Surgery) | \$120.47 | |
| 67830 | Correction Trichiasis; Incision Lid Margin | \$261.02 | |
| 67835 | Correction Trichiasis; Incision Lid Margin, With Free Mucous Membrane Graft | \$408.31 | |
| 67840 | Removal Of Eyelid Growth, Other Than Chalazion (Chronic Inflammation Of The Meibomian Gland For The Eyelid) | \$281.34 | |
| 67850 | Destruction Of Lesion Of Lid Margin (Up To 1 Cm) | \$151.84 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 67875 | Temporary Closure Of Eyelids By Suture (Eg, Frost Suture) | \$130.39 | |
| 67880 | Construction Intermarginal Adhesions, Median Tarsorrhaphy, Or Canthorrhaphy; | \$324.20 | |
| 67882 | Construction Intermarginal Adhesions, Median Tarsorrhaphy, Or Canthorrhaphy; With Transposition Of Tarsal Plate | \$538.71 | |
| 67900 | Repair Of Brow Ptosis (Supraciliary, Mid-Forehead Or Coronal Approach) | \$612.26 | |
| 67901 | Repair Of Upper Eyelid Muscle To Correct Drooping Or Paralysis, With External Material | \$654.93 | |
| 67902 | Repair Of Upper Eyelid Muscle To Correct Drooping Or Paralysis, With Internal Tissues | \$671.62 | |
| 67903 | Repair Of Blepharoptosis; (Tarso)Levator Resection Or Advancement, Internal Approach | \$632.89 | |
| 67904 | Repair Of Blepharoptosis; (Tarso)Levator Resection Or Advancement, External Approach | \$775.75 | |
| 67906 | Repair Of Blepharoptosis Superior Rectus Technique With Fascial Sling (Includes Obtaining Fascia) | \$466.04 | |
| 67908 | Removal Of Tissue, Muscle, And Membrane To Correct Eyelid Drooping Or Paralysis | \$513.72 | |
| 67909 | Reduction Of Overcorrection Of Ptosis | \$519.11 | |
| 67911 | Correction Of Lid Retraction | \$515.99 | |
| 67912 | Correction Of Lagophthalmos, With Implantation Of Upper Eyelid Lid Load (Eg, Gold Weight) | \$874.11 | |
| 67914 | Repair Ectropion; Suture | \$468.02 | |
| 67915 | Repair Ectropion; Thermocauterization | \$305.09 | |
| 67916 | Repair Of Ectropion; Excision Tarsal Wedge | \$582.53 | |
| 67917 | Repair Of Ectropion; Extensive (Eg, Tarsal Strip Operations) | \$594.00 | |
| 67921 | Repair Entropion; Suture | \$459.36 | |
| 67922 | Repair Entropion; Thermocauterization | \$295.27 | |
| 67923 | Repair Of Turning-Inward Eyelid Defect, Simple | \$582.63 | |
| 67924 | Repair Of Turning-Inward Eyelid Defect, Complex | \$529.98 | |
| 67930 | Suture Recent Wound, Eyelid, Involving Lid Margin, Tarsus, And/Or Palpebral Conjunctiva) Direct Closure; Partial Thickness | \$330.89 | |
| 67935 | Suture Recent Wound, Eyelid, Involving Lid Margin, Tarsus, And/Or Palpebral Conjunctiva) Direct Closure; Full Thickness | \$535.16 | |
| 67938 | Removal Embedded Foreign Body, Eyelid | \$195.25 | |
| 67950 | Canthoplasty (Reconstruction Of Canthus) | \$606.17 | |
| 67961 | Excision And Repair Eyelid, Involving Lid Margin, Tarsus, Conjunctiva, Or Full Thickness, May Include Preparation For Skin Graft Or Pedicle Flap With Adjacent Tissue Transfer Or Rearrangement; Up To One-Fourth Of Lid Margin | \$617.47 | |
| 67966 | Excision And Repair Eyelid, Involving Lid Margin, Tarsus, Conjunctiva, Or Full Thickness, May Include Preparation For Skin Graft Or Pedicle Flap With Adjacent Tissue Transfer Or Rearrangement; Over One-Fourth Of Lid Margin | \$730.70 | |
| 67971 | Reconstruction Eyelid Full Thickness By Transfer Of Tarsconjunctival Flap From Opposing Eyelid; Up To Two-Thirds Of Eyelid, One Stage Or First Stage | \$662.94 | |
| 67973 | Reconstruction Eyelid Full Thickness By Transfer Of Tarsconjunctival Flap From Opposing Eyelid; Total Eyelid, Lower, One Stage Or First Stage | \$851.73 | |
| 67974 | Reconstruction Eyelid Full Thickness By Transfer Of Tarsconjunctival Flap From Opposing Eyelid; Total Eyelid, Upper, One Stage Or First Stage | \$849.99 | |
| 67975 | Reconstruction Eyelid Full Thickness By Transfer Of Tarsconjunctival Flap From Opposing Eyelid; Second Stage | \$627.91 | |
| 67999 | Unlisted Procedure, Eyelids | Price By Report | |
| 68020 | Incision Conjunctiva, Drainage Cyst | \$107.86 | |
| 68040 | Expression Conjunctival Follicles, Eg, For Trachoma | \$58.34 | |
| 68100 | Biopsy Conjunctiva | \$173.60 | |
| 68110 | Excision Lesion Conjunctiva; Up To 1 Cm | \$121.61 | |
| 68115 | Excision Lesion Conjunctiva; Over 1 Cm | \$235.01 | |
| 68130 | Removal Of Growth Of Sclera And Conjunctive | \$525.05 | |
| 68135 | Destruction Lesion Conjunctiva | \$146.56 | |
| 68200 | Subconjunctival Injection | \$41.62 | |
| 68320 | Repair Of Conjunctiva With Graft From External Eye | \$705.97 | |
| 68325 | Repair Of Conjunctiva With Graft From Cheek Tissue | \$605.30 | |
| 68326 | Reconstruction Of Conjunctiva, With Graft From The Outer Eye | \$626.83 | |
| 68328 | Reconstruction Of Conjunctiva, With Graft From The Cheek | \$649.86 | |
| 68330 | Repair Symblepharon; Conjunctivoplasty, Without Graft | \$591.57 | |
| 68335 | Release Of Scar Tissue From Eyelids With A Graft | \$596.03 | |
| 68340 | Release Of Scar Tissue From Eyelids Without A Graft | \$577.49 | |
| 68360 | Relocation Of Conjunctival Flap, Partial | \$515.04 | |
| 68362 | Relocation Of Conjunctival Flap, Total | \$609.07 | |
| 68371 | Harvesting Conjunctival Allograft, Living Donor | \$382.14 | |
| 68399 | Unlisted Procedure, Conjunctiva | Price By Report | |
| 68400 | Incision, Drainage Lacrimal Gland | \$287.52 | |
| 68420 | Incision, Drainage Lacrimal Sac (Dacryocystotomy Or Dacryocystostomy) | \$320.80 | |
| 68440 | Snip Incision Lacrimal Punctum | \$97.49 | |
| 68500 | Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Total | \$996.90 | |
| 68505 | Excision Of Lacrimal Gland (Dacryoadenectomy), Except For Tumor; Partial | \$992.53 | |
| 68510 | Biopsy Lacrimal Gland | \$430.00 | |
| 68520 | Excision Of Lacrimal Sac (Dacryocystectomy) | \$691.98 | |
| 68525 | Biopsy Of Lacrimal Sac | \$236.62 | |
| 68530 | Removal Of Foreign Body Or Dacryolith, Lacrimal Passages | \$415.57 | |
| 68540 | Excision Of Lacrimal Gland Tumor; Frontal Approach | \$920.58 | |
| 68550 | Excision Of Lacrimal Gland Tumor; Involving Osteotomy | \$1,147.41 | |
| 68700 | Plastic Repair Canaliculi | \$527.88 | |
| 68705 | Correction Everted Punctum, Cautery | \$251.90 | |
| 68720 | Dacryocystorhinostomy (Fistulization Of Lacrimal Sac To Nasal Cavity) | \$780.85 | |
| 68745 | Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); Without Tube | \$763.41 | |
| 68750 | Conjunctivorhinostomy (Fistulization Of Conjunctiva To Nasal Cavity); With Insertion Of Tube Or Stent | \$869.47 | |
| 68760 | Closure Of The Lacrimal Punctum; By Thermocauterization, Ligation, Or Laser Surgery | \$211.31 | |
| 68761 | Closure Of The Lacrimal Punctum; By Plug, Each | \$143.61 | |
| 68770 | Closure Lacrimal Fistula (Separate Procedure) | \$579.24 | |
| 68801 | Dilation Of Lacrimal Punctum, With Or Without Irrigation | \$101.65 | |
| 68810 | Probing Of Nasolacrimal Duct, With Or Without Irrigation; | \$169.63 | |
| 68811 | Probing Of Nasolacrimal Duct, With Or Without Irrigation; Requiring General Anesthesia | \$138.14 | |
| 68815 | Probing Of Nasolacrimal Duct, With Or Without Irrigation; With Insertion Of Tube Or Stent | \$402.48 | |
| 68816 | Probing Of Nasolacrimal Duct, With Or Without Irrigation; With Transluminal Balloon Catheter Dilation | \$655.98 | |
| 68840 | Probing Lacrimal Canaliculi, With Or Without Irrigation | \$91.96 | |
| 68841 | Insertion Of Drug Delivery Implant Into Tear Duct Of Eye | \$33.69 | |
| 68850 | Injection Contrast Medium For Dacryocystography | \$55.52 | |
| 68899 | Unlisted Procedure, Lacrimal System | Price By Report | |
| 69000 | Incision And Drainage Of External Ear Abscess Or Blood Accumulation, Simple | \$130.70 | |
| 69005 | Incision And Drainage Of External Ear Abscess Or Blood Accumulation, Complicated | \$152.55 | |
| 69020 | Drainage External Auditory Canal, Abscess | \$212.27 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 69100 | Biopsy External Ear | \$67.66 | |
| 69105 | Biopsy External Auditory Canal | \$103.56 | |
| 69110 | Excision External Ear; Partial, Simple Repair | \$423.79 | |
| 69120 | Excision External Ear; Complete Amputation | \$369.81 | |
| 69140 | Excision Exostosis(Es), External Auditory Canal | \$810.50 | |
| 69145 | Excision Soft Tissue Lesion, External Auditory Canal | \$291.98 | |
| 69150 | Removal Of Growth Of Ear Canal, Without Neck Dissection | \$945.37 | |
| 69155 | Removal Of Growth Of Ear Canal, With Neck Dissection | \$1,514.22 | |
| 69200 | Removal Foreign Body From External Auditory Canal; Without General Anesthesia | \$83.87 | |
| 69205 | Removal Foreign Body From External Auditory Canal; With General Anesthesia | \$97.71 | |
| 69209 | Removal Of Impacted Ear Wax By Washing | \$13.90 | |
| 69210 | Removal Of Impact Ear Wax, One Ear | \$48.73 | |
| 69220 | Removal Of Skin Debris And Drainage Of Mastoid Cavity, Simple | \$53.19 | |
| 69222 | Removal Of Skin Debris And Drainage Of Mastoid Cavity, Complex | \$152.60 | |
| 69300 | Otoplasty, Protruding Ear, With Or Without Size Reduction | \$614.25 | PA Required |
| 69310 | Reconstruction Of External Auditory Canal (Meatoplasty) (Eg, For Stenosis Due To Injury, Infection) (Separate Procedure) | \$817.08 | |
| 69320 | Reconstruction External Auditory Canal For Congenital Atresia, Single Stage | \$1,484.06 | |
| 69399 | Unlisted Procedure, External Ear | Price By Report | |
| 69420 | Incision, Aspiration, And/Or Inflation Of Eardrum | \$134.04 | |
| 69421 | Incision, Aspiration, And Inflation Of Eardrum Under Anesthesia | \$108.09 | |
| 69424 | Ventilating Tube Removal Requiring General Anesthesia | \$131.66 | |
| 69433 | Tympanostomy (Requiring Insertion Of Ventilating Tube), Local Or Topical Anesthesia | \$141.40 | |
| 69436 | Tympanostomy (Requiring Insertion Of Ventilating Tube), General Anesthesia | \$164.86 | |
| 69440 | Middle Ear Exploration Through Postauricular Or Ear Canal Incision | \$655.63 | |
| 69450 | Tympanolysis, Transcanal | \$579.99 | |
| 69501 | Transmastoid Antrotomy ("Simple" Mastoidectomy) | \$668.16 | |
| 69502 | Mastoidectomy; Complete | \$982.82 | |
| 69505 | Mastoidectomy; Modified Radical | \$1,170.61 | |
| 69511 | Mastoidectomy; Radical | \$1,196.71 | |
| 69530 | Petrous Apicectomy Including Radical Mastoidectomy | \$1,480.55 | |
| 69535 | Resection Temporal Bone, External Approach | \$2,493.34 | |
| 69540 | Excision Aural Polyp | \$204.58 | |
| 69550 | Excision Aural Glomus Tumor; Transcanal | \$1,013.85 | |
| 69552 | Excision Aural Glomus Tumor; Transmastoid | \$1,497.74 | |
| 69554 | Excision Aural Glomus Tumor; Extended (Extratemporal) | \$2,362.12 | |
| 69601 | Revision Mastoidectomy; Resulting In Complete Mastoidectomy | \$956.22 | |
| 69602 | Revision Of Previous Mastoid Surgery, Modified Radical Procedure | \$1,139.75 | |
| 69603 | Revision Of Previous Mastoid Surgery, Radical Procedure | \$1,221.37 | |
| 69604 | Revision Mastoidectomy; Resulting In Tympanoplasty | \$1,047.40 | |
| 69610 | Tympanic Membrane Repair, With Or Without Site Preparation Or Perforation For Closure With Or Without Patch | \$400.14 | |
| 69620 | Myringoplasty (Surgery Confined To Drumhead And Donor Area) | \$747.67 | |
| 69631 | Tympanoplasty Without Mastoidectomy (Including Canalplasty, Atticotomy And/Or Middle Ear Surgery), Initial Or Revision; Without Ossicular Chain Reconstruction | \$936.85 | |
| 69632 | Repair Of Eardrum, Ear Canal, And Bones | \$1,025.21 | |
| 69633 | Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis, Without Mastoidectomy | \$1,104.08 | |
| 69635 | Tympanoplasty With Antrotomy Or Mastoidectomy (Including Canalplasty, Atticotomy, Middle Ear Surgery, And/Or Tympanic Membrane Repair); Without Ossicular Chain Reconstruction | \$1,202.26 | |
| 69636 | Repair Of Eardrum, Ear Canal, And Bones With Incision Of Mastoid Bone | \$1,340.38 | |
| 69637 | Repair Of Eardrum, Ear Canal, And Bones With Insertion Of Prosthesis With Opening Of Mastoid | \$1,420.13 | |
| 69641 | Repair Of Eardrum And Ear Canal With Removal Of Mastoid Bone, Complex | \$1,092.95 | |
| 69642 | Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Simple | \$1,400.52 | |
| 69643 | Repair Of Eardrum And Ear Canal With Removal Of Mastoid Bone, Simple | \$1,281.37 | |
| 69644 | Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, With Intact Canal Wall | \$1,429.24 | |
| 69645 | Repair Of Eardrum And Ear Canal With Removal Of Mastoid Bone, Extensive Or Radical | \$1,510.12 | |
| 69646 | Repair Of Eardrum, Ear Canal And Bones With Removal Of Mastoid Bone, Extensive Or Radical | \$1,486.44 | |
| 69650 | Stapes Mobilization | \$758.57 | |
| 69660 | Stapedectomy Or Stapedotomy With Reestablishment Of Ossicular Continuity, With Or Without Use Of Foreign Material | \$869.14 | |
| 69661 | Stapedectomy With Reestablishment Of Ossicular Continuity, With Or Without Use Of Foreign Material; With Footplate Drill Out | \$1,129.68 | |
| 69662 | Revision Of Stapedectomy Or Stapedotomy | \$1,084.15 | |
| 69666 | Repair Oval Window Fistula | \$762.83 | |
| 69667 | Repair Round Window Fistula | \$763.14 | |
| 69670 | Mastoid Obliteration (Separate Procedure) | \$891.81 | |
| 69676 | Tympanic Neurectomy | \$789.74 | |
| 69700 | Closure Postauricular Fistula, Mastoid (Separate Procedure) | \$626.58 | |
| 69705 | Dilation Of Canal Between Middle Ear And Throat (Eustachian Tube) On One Side Of Body, Using Endoscope Inserted Through Nose | \$2,771.10 | |
| 69706 | Dilation Of Canal Between Middle Ear And Throat (Eustachian Tube) On Both Sides Of Body, Using Endoscope Inserted Through Nose | \$3,162.15 | |
| 69710 | Implantation Or Replacement Of Electromagnetic Bone Conduction Hearing Device In Temporal Bone | \$515.74 | |
| 69711 | Removal Or Repair Of Electromagnetic Bone Conduction Hearing Device In Temporal Bone | \$789.46 | |
| 69714 | Temporal Bone Implantation Of Cochlear Stimulating System, Accessed Through The Skin | \$669.33 | |
| 69716 | Implantation Of Cochlear Stimulating System Into Skull With Magnetic Attachment To External Speech Processor | \$543.36 | PA Required |
| 69717 | Temporal Bone Replacement Of Cochlear Stimulating System, Accessed Through The Skin | \$675.27 | |
| 69719 | Revision Or Replacement Of Cochlear Stimulating System Into Skull With Magnetic Attachment To External Speech Processor | \$563.13 | PA Required |
| 69720 | Release Of Facial Nerve, Lateral | \$1,116.57 | |
| 69725 | Release Of Facial Nerve, Medial | \$1,736.31 | |
| 69726 | Removal Of Cochlear Stimulating System From Skull With Attachment Through Skin To External Speech Processor | \$419.39 | PA Required |
| 69727 | Removal Of Cochlear Stimulating System From Skull With Magnetic Attachment To External Speech Processor | \$466.80 | PA Required |
| 69728 | Removal Of Entire Cochlear Stimulating System From Outside Mastoid Bone Of Skull With Magnetic Attachment To External Speech Processor | \$519.13 | |
| 69729 | Implantation Of Cochlear Stimulating System Outside Mastoid Bone Of Skull With Magnetic Attachment To External Speech Processor | \$587.22 | |
| 69730 | Replacement Of Cochlear Stimulating System Outside Mastoid Bone Of Skull With Magnetic Attachment To External Speech Processor | \$600.39 | |
| 69740 | Repair Of Facial Nerve, External To The Geniculate Ganglion | \$1,083.82 | |
| 69745 | Repair Of Facial Nerve, Internal To The Geniculate Ganglion | \$1,157.11 | |
| 69799 | Unlisted Procedure, Middle Ear | Price By Report | |
| 69801 | Incision Of Fluid Canals Of Inner Ear With Infusion Of Drugs, Transcanal Approach | \$241.53 | |
| 69805 | Endolymphatic Sac Operation; Without Shunt | \$958.25 | |
| 69806 | Endolymphatic Sac Operation; With Shunt | \$862.85 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 69905 | Labyrinthectomy; Transcanal | \$866.80 | |
| 69910 | Labyrinthectomy; With Mastoidectomy | \$925.72 | |
| 69915 | Vestibular Nerve Section, Translabyrinthine Approach | \$1,394.48 | |
| 69930 | Cochlear Device Implantation, With Or Without Mastoidectomy | \$1,259.10 | PA Required |
| 69949 | Unlisted Procedure, Inner Ear | Price By Report | |
| 69950 | Vestibular Nerve Section, Transcranial Approach | \$1,610.30 | |
| 69955 | Total Release Of Facial Nerve | \$1,824.63 | |
| 69960 | Decompression Internal Auditory Canal | \$1,741.88 | |
| 69970 | Removal Of Tumor | \$1,970.87 | |
| 69979 | Unlisted Procedure, Temporal Bone, Middle Fossa Approach | Price By Report | |
| 69990 | Microsurgical Techniques, Requiring Use Of Operating Microscope (List Separately In Addition To Code For Primary Procedure) | \$201.95 | |
| 70010 | Myelography, Posterior Fossa, Radiological Supervision And Interpretation | \$54.11 | |
| 70015 | Cisternography, Positive Contrast, Radiological Supervision And Interpretation | \$165.73 | |
| 70030 | Radiologic Examination, Eye, For Detection Of Foreign Body | \$24.61 | |
| 70100 | X-Ray Of Mandible, Less Than 4 Views | \$32.99 | |
| 70110 | X-Ray Of Mandible, Minimum Of 4 Views | \$41.76 | |
| 70120 | X-Ray Of Mastoid, Less Than 3 Views Per Side | \$34.99 | |
| 70130 | X-Ray Of Mastoid, Minimum Of 3 Views Per Side | \$60.84 | |
| 70134 | Radiologic Examination, Internal Auditory Meati, Complete | \$59.75 | |
| 70140 | X-Ray Of Bones Of Face, Less Than 3 Views | \$34.41 | |
| 70150 | X-Ray Of Bones Of Face, Minimum Of 3 Views | \$49.86 | |
| 70160 | X-Ray Of Bones Of Nose, Minimum Of 3 Views | \$32.52 | |
| 70170 | Dacryocystography, Nasolacrimal Duct, Radiological Supervision And Interpretation | \$50.84 | |
| 70190 | Radiologic Examination Optic Foramina | \$36.86 | |
| 70200 | X-Ray Of Eye Bones, Minimum Of 4 Views | \$50.81 | |
| 70210 | X-Ray Of Paranasal Sinus, Less Than 3 Views | \$34.78 | |
| 70220 | X-Ray Of Paranasal Sinus, Complete, Minimum Of 3 Views | \$40.58 | |
| 70240 | Radiologic Examination, Sella Turcica | \$31.95 | |
| 70250 | X-Ray Of Skull, Less Than 4 Views | \$38.41 | |
| 70260 | X-Ray Of Skull, Complete, Minimum Of 4 Views | \$48.22 | |
| 70300 | X-Ray Of Teeth, Single View | \$12.00 | |
| 70310 | X-Ray Of Teeth, Less Than Full Mouth | \$36.86 | |
| 70320 | X-Ray Of Teeth, Full Mouth | \$52.88 | |
| 70328 | Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth Unilateral | \$31.33 | |
| 70330 | Radiologic Examination, Temporomandibular Joint, Open And Closed Mouth Bilateral | \$48.11 | |
| 70332 | Temporomandibular Joint Arthrography, Radiological Supervision And Interpretation | \$83.31 | |
| 70336 | Magnetic Resonance (Eg, Proton) Imaging, Temporomandibular Joint(S) | \$303.58 | |
| 70350 | Cephalogram, Orthodontic | \$15.27 | |
| 70355 | Orthopantomogram (Eg, Panoramic X-Ray) | \$18.78 | |
| 70360 | Radiologic Examination Neck, Soft Tissue | \$28.02 | |
| 70370 | X-Ray Of Voice Box Or Throat | \$64.49 | |
| 70371 | Imaging Of Voice Box With Speech Evaluation | \$101.29 | |
| 70380 | Radiologic Examination, Salivary Gland For Calculus | \$36.53 | |
| 70390 | Sialography, Radiological Supervision And Interpretation | \$117.42 | |
| 70450 | Computed Tomography, Head Or Brain; Without Contrast Material | \$117.63 | |
| 70460 | Computerized Axial Tomography, Head Or Brain; With Contrast Material(S) | \$165.72 | |
| 70470 | Computerized Axial Tomography, Head Or Brain; Without Contrast Material, Followed By Contrast Material(S) And Further Sections | \$194.68 | |
| 70480 | Computed Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; Without Contrast Material | \$176.87 | |
| 70481 | Computerized Axial Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; With Contrast Material(S) | \$202.79 | |
| 70482 | Computerized Axial Tomography, Orbit, Sella, Or Posterior Fossa Or Outer, Middle, Or Inner Ear; Without Contrast Material, Followed By Contrast Material(S) And Further Sections | \$238.05 | |
| 70486 | Computed Tomography, Maxillofacial Area; Without Contrast Material | \$142.71 | |
| 70487 | Computerized Axial Tomography, Maxillofacial Area; With Contrast Material(S) | \$170.09 | |
| 70488 | Computerized Axial Tomography, Maxillofacial Area; Without Contrast Material, Followed By Contrast Material(S) And Further Sections | \$207.76 | |
| 70490 | Computed Tomography, Soft Tissue Neck; Without Contrast Material | \$167.43 | |
| 70491 | Computerized Axial Tomography, Soft Tissue Neck; With Contrast Material(S) | \$207.04 | |
| 70492 | Computerized Axial Tomography, Soft Tissue Neck; Without Contrast Material Followed By Contrast Material(S) And Further Sections | \$248.84 | |
| 70496 | Computed Tomographic Angiography, Head, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing | \$466.88 | |
| 70498 | Computed Tomographic Angiography, Neck, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing | \$467.09 | |
| 70540 | Mri Scan Bones Of The Eye, Face, And/Or Neck | \$257.30 | |
| 70542 | Mri Scan Bones Of The Eye, Face, And/Or Neck With Contrast | \$275.18 | |
| 70543 | Mri Scan Bones Of The Eye, Face, And/Or Neck Before And After Contrast | \$385.48 | |
| 70544 | Magnetic Resonance Angiography, Head; Without Contrast Material(S) | \$243.14 | |
| 70545 | Magnetic Resonance Angiography, Head; With Contrast Material(S) | \$256.58 | |
| 70546 | Magnetic Resonance Angiography, Head; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences | \$372.51 | |
| 70547 | Magnetic Resonance Angiography, Neck; Without Contrast Material(S) | \$243.86 | |
| 70548 | Magnetic Resonance Angiography, Neck; With Contrast Material(S) | \$277.78 | |
| 70549 | Magnetic Resonance Angiography, Neck; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences | \$390.44 | |
| 70551 | Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); Without Contrast Material | \$220.37 | |
| 70552 | Magnetic Resonance (Eg, Proton) Imaging; | \$305.52 | |
| 70553 | Magnetic Resonance (Eg, Proton) Imaging, Brain (Including Brain Stem); Without Contrast Material, Followed By Contrast Material(S) And Further Sequences | \$360.17 | |
| 70554 | Magnetic Resonance Imaging, Brain, Functional Mri; Including Test Selection And Administration Of Repetitive Body Part Movement And/Or Visual Stimulation, Not Requiring Physician Or Psychologist Administration | \$387.92 | |
| 70555 | Magnetic Resonance Imaging, Brain, Functional Mri; Including Test Selection And Administration Of Repetitive Body Part Movement And/Or Visual Stimulation, Requiring Physician Or Psychologist Administration Of Entire Neurofunctional Testing | \$134.99 | |
| 70557 | Mri Scan Of Brain, During Open Brain Procedure | \$154.37 | |
| 70558 | Mri Scan Of Brain With Contrast, During Open Brain Procedure | \$173.08 | |
| 70559 | Mri Scan Of Brain, During Open Brain Procedure Before And After Contrast | \$163.12 | |
| 71045 | X-Ray Of Chest, 1 View | \$27.50 | |
| 71046 | X-Ray Of Chest, 2 Views | \$35.86 | |
| 71047 | X-Ray Of Chest, 3 Views | \$41.38 | |
| 71048 | X-Ray Of Chest, Minimum Of 4 Views | \$45.68 | |
| 71100 | X-Ray Of Ribs Of One Side Of Body, 2 Views | \$37.89 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|----------|-------------------|
| 71101 | X-Ray Of Ribs On One Side Of Body Including The Chest, Minimum Of 3 Views | \$45.13 | |
| 71110 | X-Ray Of Both Sides Of The Ribs, 3 Views | \$47.12 | |
| 71111 | X-Ray Of Both Sides Of The Ribs Including The Chest, Minimum Of 4 Views | \$50.22 | |
| 71120 | X-Ray Of Breast Bone, Minimum Of 2 Views | \$36.23 | |
| 71130 | X-Ray Of Junction Of Breast And Collar Bones, Minimum Of 2 Views | \$37.40 | |
| 71250 | Diagnostic Ct Scan Of Chest | \$147.92 | |
| 71260 | Diagnostic Ct Scan Of Chest With Contrast | \$186.44 | |
| 71270 | Diagnostic Ct Scan Of Chest Before And After Contrast | \$221.33 | |
| 71271 | Low Dose Ct Scan Of Chest For Lung Cancer Screening | \$139.19 | |
| 71275 | Computed Tomographic Angiography, Chest (Noncoronary), With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing | \$636.94 | |
| 71550 | Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S) | \$562.26 | |
| 71551 | Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); With Contrast Material(S) | \$387.04 | |
| 71552 | Magnetic Resonance (Eg, Proton) Imaging, Chest (Eg, For Evaluation Of Hilar And Mediastinal Lymphadenopathy); Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences | \$705.19 | |
| 71555 | Magnetic Resonance Angiography, Chest (Excluding Myocardium), With Or Without Contrast Material(S) | \$379.90 | |
| 72020 | X-Ray Of Spine, 1 View | \$26.69 | |
| 72040 | X-Ray Of Spine Of Neck, 2 Or 3 Views | \$39.11 | |
| 72050 | X-Ray Of Upper Spine, 4 Or 5 Views | \$57.29 | |
| 72052 | X-Ray Of Upper Spine, 6 Or More Views | \$70.26 | |
| 72070 | X-Ray Of Middle Spine, 2 Views | \$35.13 | |
| 72072 | X-Ray Of Middle Spine, 3 Views | \$42.04 | |
| 72074 | X-Ray Of Middle Spine, Minimum Of 4 Views | \$44.97 | |
| 72080 | X-Ray Of Middle And Lower Spine, 2 Views | \$37.32 | |
| 72081 | X-Ray Of Spine, Entire Middle And Lower Spine, 1 View | \$42.11 | |
| 72082 | X-Ray Of Spine, Entire Middle And Lower Spine, 2 Or 3 Views | \$72.16 | |
| 72083 | X-Ray Of Spine, Entire Middle And Lower Spine, 4 Or 5 Views | \$73.91 | |
| 72084 | X-Ray Of Spine, Minimum Of 6 Views | \$88.04 | |
| 72100 | X-Ray Of Lower And Sacral Spine, 2 Or 3 Views | \$42.28 | |
| 72110 | X-Ray Of Lower And Sacral Spine, Minimum Of 4 Views | \$58.09 | |
| 72114 | Radiologic Examination, Spine, Lumbosacral; Complete, Including Bending Views, Minimum Of 6 Views | \$62.58 | |
| 72120 | Radiologic Examination, Spine, Lumbosacral; Bending Views Only, 2 Or 3 Views | \$44.27 | |
| 72125 | Computed Tomography, Cervical Spine; Without Contrast Material | \$145.02 | |
| 72126 | Computerized Axial Tomography, Cervical Spine; With Contrast Material | \$188.86 | |
| 72127 | Computerized Axial Tomography, Cervical Spine; Without Contrast Material, Followed By Contrast Material(S) And Further Sections | \$222.19 | |
| 72128 | Computed Tomography, Thoracic Spine; Without Contrast Material | \$144.65 | |
| 72129 | Computerized Axial Tomography, Thoracic Spine; With Contrast Material | \$190.32 | |
| 72130 | Computerized Axial Tomography, Thoracic Spine; Without Contrast Material, Followed By Contrast Material(S) And Further Sections | \$200.83 | |
| 72131 | Computed Tomography, Lumbar Spine; Without Contrast Material | \$144.28 | |
| 72132 | Computerized Axial Tomography, Lumbar Spine; With Contrast Material | \$188.86 | |
| 72133 | Computerized Axial Tomography, Lumbar Spine; Without Contrast Material, Followed By Contrast Material(S) And Further Sections | \$221.82 | |
| 72141 | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Cervical Without Contrast Material | \$215.28 | |
| 72142 | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Cervical With Contrast Material(S) | \$312.80 | |
| 72146 | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Thoracic Without Contrast Material | \$214.92 | |
| 72147 | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Thoracic With Contrast Material(S) | \$309.52 | |
| 72148 | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lumbar Without Contrast Material | \$215.65 | |
| 72149 | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Lumbar With Contrast Material(S) | \$306.98 | |
| 72156 | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material, Followed By Contrast Material(S) And Further Sequences; Cervical | \$362.83 | |
| 72157 | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material, Followed By Contrast Material(S) And Further Sequences; Thoracic | \$363.18 | |
| 72158 | Magnetic Resonance (Eg, Proton) Imaging, Spinal Canal And Contents, Without Contrast Material, Followed By Contrast Material(S) And Further Sequences; Lumbar | \$361.74 | |
| 72159 | Magnetic Resonance Angiography, Spinal Canal And Contents, With Or Without Contrast Material(S) | \$353.36 | |
| 72170 | X-Ray Of Pelvis, 1 Or 2 Views | \$29.68 | |
| 72190 | X-Ray Of Pelvis, Minimum Of 3 Views | \$41.52 | |
| 72191 | Computed Tomographic Angiography, Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing | \$470.40 | |
| 72192 | Computed Tomography, Pelvis; Without Contrast Material | \$148.28 | |
| 72193 | Computerized Axial Tomography, Pelvis; With Contrast Material(S) | \$363.01 | |
| 72194 | Computerized Axial Tomography, Pelvis; Without Contrast Material, Followed By Contrast Material(S) And Further Sections | \$436.19 | |
| 72195 | Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S) | \$261.43 | |
| 72196 | Magnetic Resonance (Eg, Proton) Imaging, Pelvis; With Contrast Material(S) | \$275.63 | |
| 72197 | Magnetic Resonance (Eg, Proton) Imaging, Pelvis; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences | \$384.75 | |
| 72198 | Magnetic Resonance Angiography, Pelvis, With Or Without Contrast Material(S) | \$343.55 | |
| 72200 | X-Ray Of Sacroiliac Joints, Less Than 3 Views | \$28.47 | |
| 72202 | X-Ray Of Sacroiliac Joints, 3 Or More Views | \$33.06 | |
| 72220 | X-Ray Of Pelvis, Minimum Of 2 Views | \$35.18 | |
| 72240 | Myelography, Cervical, Radiological Supervision And Interpretation | \$111.87 | |
| 72255 | Myelography, Thoracic, Radiological Supervision And Interpretation | \$114.16 | |
| 72265 | Myelography, Lumbosacral, Radiological Supervision And Interpretation | \$106.20 | |
| 72270 | Radiological Supervision And Interpretation X-Ray Of Spinal Canal, 2 Or More Spinal Regions | \$161.71 | |
| 72285 | Radiological Supervision And Interpretation X-Ray Of Disc Of Vertebra, Upper Or Middle Spine | \$122.66 | |
| 72295 | Radiological Supervision And Interpretation X-Ray Of Disc Of Vertebra, Lower Spine | \$120.67 | |
| 73000 | Radiologic Examination Clavicle, Complete | \$31.65 | |
| 73010 | Radiologic Examination Scapula, Complete | \$25.33 | |
| 73020 | X-Ray Of Shoulder, 1 View | \$22.79 | |
| 73030 | X-Ray Of Shoulder, Minimum Of 2 Views | \$35.62 | |
| 73040 | Radiologic Examination, Shoulder, Arthrography, Radiological Supervision And Interpretation | \$94.67 | |
| 73050 | Radiologic Examination Acromioclavicular Joints, Bilateral, With Or Without Weighted Distraction | \$30.41 | |
| 73060 | X-Ray Of Upper Arm, Minimum Of 2 Views | \$35.18 | |
| 73070 | X-Ray Of Elbow, 2 Views | \$31.19 | |
| 73080 | X-Ray Of Elbow, Minimum Of 3 Views | \$35.18 | |
| 73085 | Radiologic Examination, Elbow, Arthrography, Radiological Supervision And Interpretation | \$110.24 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|----------|-------------------|
| 73090 | X-Ray Of Forearm, 2 Views | \$31.65 | |
| 73092 | Radiologic Examination Upper Extremity, Infant, Minimum Of Two Views | \$30.43 | |
| 73100 | X-Ray Of Wrist, 2 Views | \$31.14 | |
| 73110 | X-Ray Of Wrist, Minimum Of 3 Views | \$32.94 | |
| 73115 | Radiologic Examination, Wrist, Arthrography, Radiological Supervision And Interpretation | \$123.46 | |
| 73120 | X-Ray Of Hand, 2 Views | \$30.43 | |
| 73130 | X-Ray Of Hand, Minimum Of 3 Views | \$32.94 | |
| 73140 | X-Ray Of Fingers, Minimum Of 2 Views | \$26.54 | |
| 73200 | Computed Tomography, Upper Extremity; Without Contrast Material | \$277.92 | |
| 73201 | Computerized Axial Tomography, Upper Extremity; With Contrast Material(S) | \$227.14 | |
| 73202 | Computerized Axial Tomography, Upper Extremity; Without Contrast Material, Followed By Contrast Material(S) And Further Sections | \$333.40 | |
| 73206 | Computed Tomographic Angiography, Upper Extremity, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing | \$470.42 | |
| 73218 | Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S) | \$452.69 | |
| 73219 | Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; With Contrast Material(S) | \$341.68 | |
| 73220 | Magnetic Resonance (Eg, Proton) Imaging, Upper Extremity, Other Than Joint; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences | \$483.41 | |
| 73221 | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(S) | \$228.00 | |
| 73222 | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; With Contrast Material(S) | \$359.67 | |
| 73223 | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Upper Extremity; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences | \$445.07 | |
| 73225 | Magnetic Resonance Angiography, Upper Extremity, With Or Without Contrast Material(S) | \$389.35 | |
| 73501 | X-Ray Of Hip With Pelvis, 1 View | \$32.51 | |
| 73502 | X-Ray Of Hip With Pelvis, 2-3 Views | \$45.09 | |
| 73503 | X-Ray Of Hip With Pelvis, Minimum Of 4 Views | \$56.25 | |
| 73521 | X-Ray Of Both Hips With Pelvis, 2 Views | \$43.51 | |
| 73522 | X-Ray Of Both Hips With Pelvis, 3-4 Views | \$53.10 | |
| 73523 | X-Ray Of Both Hips With Pelvis, Minimum Of 5 Views | \$61.73 | |
| 73525 | Radiologic Examination, Hip, Arthrography, Radiological Supervision And Interpretation | \$105.97 | |
| 73551 | X-Ray Of Femur, 1 View | \$30.18 | |
| 73552 | X-Ray Of Femur, Minimum 2 Views | \$35.26 | |
| 73560 | X-Ray Of Knee, 1 Or 2 Views | \$32.82 | |
| 73562 | X-Ray Of Knee, 3 Views | \$35.92 | |
| 73564 | X-Ray Of Knee, 4 Or More Views | \$40.66 | |
| 73565 | X-Ray Of Both Knees, Standing, Front To Back View | \$31.58 | |
| 73580 | Radiologic Examination, Knee, Arthrography, Radiological Supervision And Interpretation | \$144.47 | |
| 73590 | X-Ray Of Lower Leg, 2 Views | \$32.52 | |
| 73592 | Radiologic Examination Lower Extremity, Infant, Minimum Of Two Views | \$30.83 | |
| 73600 | X-Ray Of Ankle, 2 Views | \$30.43 | |
| 73610 | X-Ray Of Ankle, Minimum Of 3 Views | \$32.94 | |
| 73615 | Radiologic Examination, Ankle, Arthrography, Radiological Supervision And Interpretation | \$117.97 | |
| 73620 | X-Ray Of Foot, 2 Views | \$30.43 | |
| 73630 | X-Ray Of Foot, Minimum Of 3 Views | \$32.94 | |
| 73650 | X-Ray Of Heel, Minimum Of 2 Views | \$29.61 | |
| 73660 | X-Ray Of Toes, Minimum Of 2 Views | \$25.36 | |
| 73700 | Computed Tomography, Lower Extremity; Without Contrast Material | \$144.28 | |
| 73701 | Computerized Axial Tomography, Lower Extremity; With Contrast Material(S) | \$186.80 | |
| 73702 | Computerized Axial Tomography, Lower Extremity; Without Contrast Material, Followed By Contrast Material(S) And Further Sections | \$218.79 | |
| 73706 | Computed Tomographic Angiography, Lower Extremity, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing | \$475.78 | |
| 73718 | Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(S) | \$254.04 | |
| 73719 | Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint; With Contrast Material(S) | \$298.99 | |
| 73720 | Magnetic Resonance (Eg, Proton) Imaging, Lower Extremity Other Than Joint; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences | \$384.75 | |
| 73721 | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; Without Contrast Material | \$227.64 | |
| 73722 | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; With Contrast Material(S) | \$360.39 | |
| 73723 | Magnetic Resonance (Eg, Proton) Imaging, Any Joint Of Lower Extremity; Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences | \$443.61 | |
| 73725 | Magnetic Resonance Angiography, Lower Extremity, With Or Without Contrast Material(S) | \$380.27 | |
| 74018 | X-Ray Of Abdomen, 1 View | \$32.99 | |
| 74019 | X-Ray Of Abdomen, 2 Views | \$35.30 | |
| 74021 | X-Ray Of Abdomen, Minimum Of 3 Views | \$41.15 | |
| 74022 | Complete X-Ray Study Of Abdomen With Single X-Ray Of Chest | \$51.44 | |
| 74150 | Computed Tomography, Abdomen; Without Contrast Material | \$152.53 | |
| 74160 | Computerized Axial Tomography, Abdomen; With Contrast Material(S) | \$369.66 | |
| 74170 | Computerized Axial Tomography, Abdomen; Without Contrast Material, Followed By Contrast Material(S) And Further Sections | \$446.91 | |
| 74174 | Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing | \$429.93 | |
| 74175 | Computed Tomographic Angiography, Abdomen, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing | \$475.17 | |
| 74176 | Computed Tomography, Abdomen And Pelvis; Without Contrast Material | \$190.87 | |
| 74177 | Computed Tomography, Abdomen And Pelvis; With Contrast Material | \$301.19 | |
| 74178 | Computed Tomography, Abdomen And Pelvis; Without Contrast Material In One Or Both Body Regions, Followed By Contrast Material(S) And Further Sections In One Or Both Body Regions | \$381.77 | |
| 74181 | Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S) | \$221.33 | |
| 74182 | Magnetic Resonance (Eg, Proton) Imaging, Abdomen; With Contrast Material(S) | \$345.14 | |
| 74183 | Magnetic Resonance (Eg, Proton) Imaging, Abdomen; Without Contrast Material(S), Followed By With Contrast Material(S) And Further Sequences | \$385.48 | |
| 74185 | Magnetic Resonance Angiography, Abdomen, With Or Without Contrast Material(S) | \$382.44 | |
| 74190 | Peritoneogram (Eg, After Injection Of Air Or Contrast), Radiological Supervision And Interpretation | \$63.77 | |
| 74210 | X-Ray Of Voice Box And/Or Esophagus In Neck With Contrast | \$96.39 | |
| 74220 | X-Ray Of Esophagus With Single Contrast | \$78.60 | |
| 74221 | X-Ray Of Esophagus With Double Contrast | \$113.91 | |
| 74230 | Imaging For Evaluation Of Swallowing Function | \$92.75 | |
| 74235 | Removal Of Foreign Body(S), Esophageal, With Use Of Balloon Catheter, Radiological Supervision And Interpretation | \$161.33 | |
| 74240 | X-Ray Of Upper Digestive Tract With Single Contrast | \$104.79 | |
| 74246 | X-Ray Of Upper Digestive Tract With Double Contrast | \$113.16 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 74248 | Follow-Through X-Ray Of Upper Digestive Tract With Multiple Serial Films | \$86.23 | |
| 74250 | X-Ray Of Upper Digestive Tract With Single Contrast And Multiple Serial Films | \$89.39 | |
| 74251 | X-Ray Of Upper Digestive Tract With Double Contrast And Multiple Serial Films | \$73.10 | |
| 74261 | Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; Without Contrast Material | \$335.16 | |
| 74262 | Computed Tomographic (Ct) Colonography, Diagnostic, Including Image Postprocessing; With Contrast Material(S) Including Non-Contrast Images, If Performed | \$456.91 | |
| 74263 | Computed Tomographic (Ct) Colonography, Screening, Including Image Postprocessing | Price By Report | |
| 74270 | X-Ray Of Large Bowel With Contrast | \$115.88 | |
| 74280 | X-Ray Of Large Bowel With Air Contrast | \$162.31 | |
| 74283 | Imaging Of Colon Using Enema | \$185.58 | |
| 74290 | Imaging Of Gallbladder With Contrast | \$86.24 | |
| 74300 | Cholangiography And/Or Pancreatography; Intraoperative, Radiological Supervision And Interpretation | \$22.23 | |
| 74301 | Cholangiography And/Or Pancreatography; Additional Set Intraoperative, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) | \$12.00 | |
| 74328 | Endoscopic Catheterization Of The Biliary Ductal System, Radiological Supervision And Interpretation | \$152.11 | |
| 74329 | Endoscopic Catheterization Of The Pancreatic Ductal System, Radiological Supervision And Interpretation | \$152.11 | |
| 74330 | Combined Endoscopic Catheterization Of The Biliary And Pancreatic Ductal Systems, Radiological Supervision And Interpretation | \$152.11 | |
| 74340 | Radiological Supervision And Interpretation Of Placement Of Long Small Bowel Tube Procedure | \$125.01 | |
| 74355 | Percutaneous Placement Of Enteroclysis Tube, Radiological Supervision And Interpretation | \$137.39 | |
| 74360 | Intraluminal Dilation Of Strictures And/Or Obstructions (Eg, Esophagus), Radiological Supervision And Interpretation | \$143.14 | |
| 74363 | Percutaneous Transhepatic Dilation Of Biliary Duct Stricture With Or Without Placement Of Stent, Radiological Supervision And Interpretation | \$267.09 | |
| 74400 | Imaging Of Urinary Tract With Injection Of Contrast Into A Vein | \$102.31 | |
| 74410 | Imaging Of Urinary Tract Using Infusion Technique | \$139.00 | |
| 74415 | Imaging Of Urinary Tract Using Infusion Technique With Kidney Section Filming | \$153.71 | |
| 74420 | Imaging Of Urinary Tract | \$82.50 | |
| 74425 | Radiological Supervision And Interpretation Of X-Ray Imaging Of Urinary Tract | \$125.07 | |
| 74430 | Radiological Supervision And Interpretation X-Ray Of Urinary Bladder, Minimum Of 3 Views | \$43.49 | |
| 74440 | Vasography, Vesiculography, Or Epididymography, Radiological Supervision And Interpretation | \$96.37 | |
| 74445 | Corpora Cavemosography, Radiological Supervision And Interpretation | \$105.26 | |
| 74450 | Radiological Supervision And Interpretation X-Ray Of Urinary Bladder And Urethra, Before And After Dye Injection | \$70.76 | |
| 74455 | Radiological Supervision And Interpretation X-Ray Of Urinary Bladder And Urethra, Emptying | \$88.01 | |
| 74470 | Radiological Supervision And Interpretation X-Ray Of Kidney Cyst, Lower Back Contrast Injection | \$75.76 | |
| 74485 | Radiological Supervision And Interpretation Of Dilation Of Urinary Ducts (Ureters) Or Bladder Canal (Urethra) | \$116.43 | |
| 74710 | Pelvimetry, With Or Without Placental Localization | \$38.61 | |
| 74712 | Magnetic Resonance Imaging Of Fetus, Single Or First Pregnancy | \$463.23 | |
| 74713 | Magnetic Resonance Imaging Of Fetus, Each Additional Pregnancy | \$202.91 | |
| 74740 | Hysterosalpingography, Radiological Supervision And Interpretation | \$70.04 | |
| 74742 | Transcervical Catheterization Of Fallopian Tube, Radiological Supervision And Interpretation | \$145.86 | |
| 74775 | Perineogram (Eg, Vaginogram, For Sex Determination Or Extent Of Anomalies) | \$87.94 | |
| 75557 | Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material; | \$318.48 | |
| 75559 | Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material; With Stress Imaging | \$386.94 | |
| 75561 | Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences; | \$418.29 | |
| 75563 | Cardiac Magnetic Resonance Imaging For Morphology And Function Without Contrast Material(S), Followed By Contrast Material(S) And Further Sequences; With Stress Imaging | \$441.33 | |
| 75565 | Cardiac Magnetic Resonance Imaging For Velocity Flow Mapping (List Separately In Addition To Code For Primary Procedure) | \$52.82 | |
| 75571 | Computed Tomography, Heart, Without Contrast Material, With Quantitative Evaluation Of Coronary Calcium | \$80.28 | |
| 75572 | Computed Tomography, Heart, With Contrast Material, For Evaluation Of Cardiac Structure And Morphology (Including 3D Image Postprocessing, Assessment Of Cardiac Function, And Evaluation Of Venous Structures, If Performed) | \$252.97 | |
| 75573 | Computed Tomography, Heart, With Contrast Material, For Evaluation Of Cardiac Structure And Morphology In The Setting Of Congenital Heart Disease (Including 3D Image Postprocessing, Assessment Of Lv Cardiac Function, Rv Structure And Function And Evaluation Of V | \$410.11 | |
| 75574 | Computed Tomographic Angiography, Heart, Coronary Arteries And Bypass Grafts (When Present), With Contrast Material, Including 3D Image Postprocessing (Including Evaluation Of Cardiac Structure And Morphology, Assessment Of Cardiac Function, And Evalua | \$422.19 | |
| 75600 | Aortography, Thoracic, Without Serialography, Radiological Supervision And Interpretation | \$182.96 | |
| 75605 | Radiological Supervision And Interpretation X-Ray Of Chest Aorta, Using Rapid Sequence | \$128.46 | |
| 75625 | Aortography, Abdominal, By Serialography, Radiological Supervision And Interpretation | \$133.82 | |
| 75630 | Aortography, Abdominal Plus Bilateral Iliofemoral Lower Extremity, Catheter, By Serialography, Radiological Supervision And Interpretation | \$166.66 | |
| 75635 | Computed Tomographic Angiography, Abdominal Aorta And Bilateral Iliofemoral Lower Extremity Runoff, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing | \$505.09 | |
| 75705 | Angiography, Spinal, Selective, Radiological Supervision And Interpretation | \$228.67 | |
| 75710 | Angiography, Extremity, Unilateral, Radiological Supervision And Interpretation | \$158.78 | |
| 75716 | Angiography, Extremity, Bilateral, Radiological Supervision And Interpretation | \$171.86 | |
| 75726 | Angiography, Visceral, Selective Or Supraselective, (With Or Without Flush Aortogram), Radiological Supervision And Interpretation | \$180.90 | |
| 75731 | Radiological Supervision And Interpretation Of Imaging Of Artery Of One Adrenal Gland | \$145.68 | |
| 75733 | Angiography, Adrenal, Bilateral, Selective, Radiological Supervision And Interpretation | \$161.81 | |
| 75736 | Angiography, Pelvic, Selective Or Supraselective, Radiological Supervision And Interpretation | \$150.00 | |
| 75741 | Angiography, Pulmonary, Unilateral, Selective, Radiological Supervision And Interpretation | \$138.98 | |
| 75743 | Angiography, Pulmonary, Bilateral, Selective, Radiological Supervision And Interpretation | \$157.52 | |
| 75746 | Radiological Supervision And Interpretation Of Imaging Of Lung Artery, Contrast Inserted By Catheter Or Injection Into Vein | \$128.35 | |
| 75756 | Angiography, Internal Mammary, Radiological Supervision And Interpretation | \$168.06 | |
| 75774 | Angiography, Selective, Each Additional Vessel Studied After Basic Examination, Radiological Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) | \$103.36 | |
| 75801 | Lymphangiography, Extremity Only, Unilateral, Radiological Supervision And Interpretation | \$239.04 | |
| 75803 | Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of Both Arms Or Legs | \$259.20 | |
| 75805 | Radiological Supervision And Interpretation Of Imaging Of Lymphatic System Of One Side Of Pelvis And Abdomen | \$263.03 | |
| 75807 | Lymphangiography, Pelvic/Abdominal, Bilateral, Radiological Supervision And Interpretation | \$283.14 | |
| 75809 | Shuntogram For Investigation Of Previously Placed Indwelling Nonvascular Shunt (Eg, Leveen Shunt, Ventriculoperitoneal Shunt, Indwelling Infusion Pump), Radiological Supervision And Interpretation | \$58.21 | |
| 75810 | Radiological Supervision And Interpretation X-Ray Of Vein Of Spleen And Liver | \$512.89 | |
| 75820 | Venography, Extremity, Unilateral, Radiological Supervision And Interpretation | \$83.79 | |
| 75822 | Radiological Supervision And Interpretation Of Imaging Of Veins Of Both Arms Or Legs | \$142.14 | |
| 75825 | Venography, Caval, Inferior, With Serialography, Radiological Supervision And Interpretation | \$120.46 | |
| 75827 | Venography, Caval, Superior, With Serialography, Radiological Supervision And Interpretation | \$127.00 | |
| 75831 | Venography, Renal, Unilateral, Selective, Radiological Supervision And Interpretation | \$126.99 | |
| 75833 | Venography, Renal, Bilateral, Selective, Radiological Supervision And Interpretation | \$139.94 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 75840 | Venography, Adrenal, Unilateral, Selective, Radiological Supervision And Interpretation | \$138.11 | |
| 75842 | Venography, Adrenal, Bilateral, Selective, Radiological Supervision And Interpretation | \$152.22 | |
| 75860 | Venography, Venous Sinus (Eg, Petrosal And Inferior Sagittal) Or Jugular, Catheter, Radiological Supervision And Interpretation | \$134.25 | |
| 75870 | Radiological Supervision And Interpretation Of Imaging Of Vein System Of Head | \$170.51 | |
| 75872 | Venography, Epidural, Radiological Supervision And Interpretation | \$124.30 | |
| 75880 | Venography, Orbital, Radiological Supervision And Interpretation | \$104.23 | |
| 75885 | Radiological Supervision And Interpretation Of Imaging Of Liver Vein With Assessment Of Blood Flow, Injection Of Contrast (Accessed Through The Skin) | \$144.43 | |
| 75887 | Radiological Supervision And Interpretation Of Imaging Of Liver Vein, Injection Of Contrast (Accessed Through The Skin) | \$146.97 | |
| 75889 | Hepatic Venography, Wedged Or Free, With Hemodynamic Evaluation, Radiological Supervision And Interpretation | \$131.82 | |
| 75891 | Hepatic Venography, Wedged Or Free, Without Hemodynamic Evaluation, Radiological Supervision And Interpretation | \$132.55 | |
| 75893 | Venous Sampling Through Catheter, With Or Without Angiography (Eg, For Parathyroid Hormone, Renin), Radiological Supervision And Interpretation | \$110.73 | |
| 75894 | Transcatheter Therapy, Embolization, Any Method, Radiological Supervision And Interpretation | \$955.00 | |
| 75898 | Imaging Of Blood Vessel | \$135.11 | |
| 75901 | Radiologic Supervision And Interpretation | \$233.53 | |
| 75902 | Mechanical Removal Of Intraluminal (Intracatheter) Obstructive Material From Central Venous Device Through Device Lumen, Radiologic Supervision And Interpretation | \$90.83 | |
| 75956 | Radiological Supervision And Interpretation Of Repair Of Chest Aorta With Graft, Involving Coverage Of Artery Origin | \$370.27 | |
| 75957 | Endovascular Repair Of Descending Thoracic Aorta (Eg, Aneurysm, Pseudoaneurysm, Dissection, Penetrating Ulcer, Intramural Hematoma, Or Traumatic Disruption); Not Involving Coverage Of Left Subclavian Artery Origin, Initial Endoprosthesis Plus Descending Thoracic Aor | \$278.41 | |
| 75958 | Radiological Supervision And Interpretation Of Placement Of Blood Vessel Central Extension Prosthesis Procedure | \$185.47 | |
| 75959 | Radiological Supervision And Interpretation Of Placement Of Blood Vessel Outer Extension Prosthesis Procedure | \$162.62 | |
| 75970 | Transcatheter Biopsy, Radiological Supervision And Interpretation | \$468.97 | |
| 75984 | Change Of Percutaneous Tube Or Drainage Catheter With Contrast Monitoring (Eg, Genitourinary System, Abscess), Radiological Supervision And Interpretation | \$104.55 | |
| 75989 | Radiological Guidance (Ie, Fluoroscopy, Ultrasound, Or Computed Tomography), For Percutaneous Drainage (Eg, Abscess, Specimen Collection), With Placement Of Catheter, Radiological Supervision And Interpretation | \$122.14 | |
| 76000 | Imaging Guidance For Procedure, Up To 1 Hour | \$45.33 | |
| 76010 | Imaging From Nose To Rectum, Single View, Child | \$32.99 | |
| 76080 | Radiologic Examination, Abscess, Fistula Or Sinus Tract Study, Radiological Supervision And Interpretation | \$64.59 | |
| 76098 | Imaging Of Surgical Specimen | \$28.55 | |
| 76100 | Radiologic Examination, Single Plane Body Section (Eg, Tomography), Other Than With Urography | \$86.90 | |
| 76120 | Imaging Of Organ | \$112.74 | |
| 76125 | Imaging Of Organ, Complimenting Routine Exam | \$43.41 | |
| 76140 | Consultation On X-Ray Examination Made Elsewhere, Written Report | \$17.19 | |
| 76145 | Medical Physics Dose Evaluation For Radiation Exposure, Including Report | \$822.72 | |
| 76376 | 3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Not Requiring Image Postprocessing On An Independent Workstation | \$24.23 | |
| 76377 | 3D Rendering With Interpretation And Reporting Of Computed Tomography, Magnetic Resonance Imaging, Ultrasound, Or Other Tomographic Modality With Image Postprocessing Under Concurrent Supervision; Requiring Image Postprocessing On An Independent Workstation | \$76.58 | |
| 76380 | Computed Tomography, Limited Or Localized Follow-Up Study | \$209.46 | |
| 76390 | Magnetic Resonance Spectroscopy | \$428.45 | |
| 76391 | Magnetic Resonance (Eg, Vibration) Elastography | \$229.80 | |
| 76496 | Fluoroscopic Procedure | \$42.07 | |
| 76497 | Unlisted Computed Tomography Procedure (Eg, Diagnostic, Interventional) | Price By Report | |
| 76498 | Unlisted Magnetic Resonance Procedure (Eg, Diagnostic, Interventional) | Price By Report | |
| 76499 | Unlisted Diagnostic Radiographic Procedure | Price By Report | |
| 76506 | Ultrasound Of Brain | \$101.58 | |
| 76510 | Ultrasound Of Eye Tissue And Structures | \$66.61 | |
| 76511 | Ultrasound Of Eye Disease Or Growth | \$54.19 | |
| 76512 | Ultrasound Of Eye Disease, Growth, Or Structure | \$50.76 | |
| 76513 | Ultrasound Of Eye Using Water Bath Method | \$80.92 | |
| 76514 | Ophthalmic Ultrasound, Echography, Diagnostic; Corneal Pachymetry, Unilateral Or Bilateral (Determination Of Corneal Thickness) | \$11.88 | |
| 76516 | Ophthalmic Biometry By Ultrasound Echography, A-Scan; | \$44.37 | |
| 76519 | Ophthalmic Biometry By Ultrasound Echography, A-Scan; With Intraocular Lens Power Calculation | \$60.63 | |
| 76529 | Ultrasound Of Eye Foreign Body Localization | \$82.65 | |
| 76536 | Ultrasound Of Head And Neck | \$95.29 | |
| 76604 | Ultrasound Of Chest | \$62.03 | |
| 76641 | Ultrasound Of One Breast, Complete | \$111.46 | |
| 76642 | Ultrasound Of One Breast, Limited | \$91.11 | |
| 76700 | Ultrasound Of Abdomen, Complete | \$134.44 | |
| 76705 | Ultrasound Of Abdomen, Limited | \$97.68 | |
| 76706 | Ultrasound Evaluation Of Abdominal Aorta To Detect Bulging (Aneurysm) | \$100.97 | |
| 76770 | Ultrasound, Retroperitoneal (Eg, Renal, Aorta, Nodes), B-Scan And/Or Real Time With Image Documentation; Complete | \$117.63 | |
| 76775 | Ultrasound Behind Abdominal Cavity, Limited | \$61.68 | |
| 76776 | Ultrasound Transplanted Kidney | \$143.01 | |
| 76800 | Ultrasound, Spinal Canal And Contents | \$129.19 | |
| 76801 | Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation, First Trimester (14 Weeks 0 Days), Transabdominal Approach; Single Or First Gestation | \$151.31 | |
| 76802 | Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation, First Trimester (14 Weeks 0 Days), Transabdominal Approach; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure) | \$76.49 | |
| 76805 | Abdominal Ultrasound Of Pregnant Uterus (Greater Or Equal To 14 Weeks 0 Days) Single Or First Fetus | \$151.31 | |
| 76810 | Abdominal Ultrasound Of Pregnant Uterus (Greater Or Equal To 14 Weeks 0 Days) | \$112.10 | |
| 76811 | Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation Plus Detailed Fetal Anatomic Examination, Transabdominal Approach; Single Or First Gestation | \$278.17 | |
| 76812 | Ultrasound, Pregnant Uterus, Real Time With Image Documentation, Fetal And Maternal Evaluation Plus Detailed Fetal Anatomic Examination, Transabdominal Approach; Each Additional Gestation (List Separately In Addition To Code For Primary Procedure) | \$168.08 | |
| 76813 | Ultrasound Of Pregnant Uterus (First Trimester) Single Or First Fetus | \$138.55 | |
| 76814 | Ultrasound Of Pregnant Uterus (First Trimester), Abdominal Or Vaginal Approach | \$91.21 | |
| 76815 | Ultrasound Of Pregnant Uterus, 1 Or More Fetus(ES) | \$101.12 | |
| 76816 | Ultrasound Re-Evaluation Of Pregnant Uterus, Per Fetus | \$100.81 | |
| 76817 | Vaginal Ultrasound Of Pregnant Uterus | \$110.92 | |
| 76818 | Fetal Biophysical Profile; With Non-Stress Testing | \$130.10 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 76819 | Fetal Biophysical Profile; Without Non-Stress Testing | \$117.09 | |
| 76820 | Doppler Velocimetry, Fetal; Umbilical Artery | \$53.01 | |
| 76821 | Doppler Velocimetry, Fetal; Middle Cerebral Artery | \$101.65 | |
| 76825 | Echocardiography, Fetal, Cardiovascular System, Real Time With Image Documentation (2D) With Or Without M-Mode Recording; | \$188.55 | |
| 76826 | Echocardiography, Fetal, Cardiovascular System, Real Time With Image Documentation (2D) With Or Without M-Mode Recording; Follow-Up Or Repeat Study | \$113.46 | |
| 76827 | Doppler Echocardiography, Fetal, Pulsed Wave And/Or Continuous Wave With Spectral Display; Complete | \$110.91 | |
| 76828 | Doppler Echocardiography, Fetal, Cardiovascular System, Pulsed Wave And/Or Continuous Wave With Spectral Display; Follow-Up Or Repeat Study | \$83.83 | |
| 76830 | Ultrasound, Transvaginal | \$107.82 | |
| 76831 | Saline Infusion Sonohysterography (Sis), Including Color Flow Doppler, When Performed | \$128.15 | |
| 76856 | Ultrasound Of Pelvis, Complete, Not Pregnancy Related | \$107.82 | |
| 76857 | Ultrasound Of Pelvis, Limited, Not Pregnancy Related | \$50.88 | |
| 76870 | Ultrasound Of Scrotum | \$104.67 | |
| 76872 | Ultrasound Of Pelvic Region Through Rectum | \$107.55 | |
| 76873 | Ultrasound Of Prostate Through Rectum For Radiation Therapy Planning | \$190.46 | |
| 76881 | Complete Ultrasound Of Arm Or Leg | \$62.52 | |
| 76882 | Partial Ultrasound Of Joint Or Other Non-Blood Vessel Structure Of Arm Or Leg | \$43.18 | |
| 76883 | Comprehensive Ultrasound Scan Of Entire Length Of Nerves In Extremity | \$64.22 | |
| 76885 | Ultrasound Of Hips With Manipulation, Infant | \$110.97 | |
| 76886 | Ultrasound Of Hips, Infant | \$101.99 | |
| 76932 | Ultrasonic Guidance For Endomyocardial Biopsy, Imaging Supervision And Interpretation | \$93.25 | |
| 76936 | Ultrasound Guided Compression Repair Of Blood Vessel | \$250.85 | |
| 76937 | Ultrasound Guidance For Vascular Access Requiring Ultrasound Evaluation Of Potential Access Sites, Documentation Of Selected Vessel Patency, Concurrent Realtime Ultrasound Visualization Of Vascular Needle Entry, With Permanent Recording And Reporting (Lis | \$36.56 | |
| 76940 | Ultrasound Guidance For, And Monitoring Of, Visceral Tissue Ablation | \$100.67 | |
| 76941 | Ultrasonic Guidance For Intrauterine Fetal Transfusion Or Cordocentesis, Imaging Supervision And Interpretation | \$67.55 | |
| 76942 | Ultrasonic Guidance For Needle Placement (Eg, Biopsy, Aspiration, Injection, Localization Device), Imaging Supervision And Interpretation | \$61.31 | |
| 76945 | Ultrasonic Guidance For Chorionic Villus Sampling, Imaging Supervision And Interpretation | \$106.72 | |
| 76946 | Ultrasonic Guidance For Amniocentesis, Imaging Supervision And Interpretation | \$34.04 | |
| 76948 | Ultrasonic Guidance For Aspiration Of Ova, Imaging Supervision And Interpretation | \$77.52 | |
| 76965 | Ultrasonic Guidance For Interstitial Radioelement Application | \$98.02 | |
| 76975 | Gastrointestinal Endoscopic Ultrasound, Supervision And Interpretation | \$99.79 | |
| 76977 | Ultrasound Measurement Of Bone Density | \$7.16 | |
| 76978 | Ultrasound Using Targeted Microbubble Contrast Of First Lesion | \$290.01 | |
| 76979 | Ultrasound Using Targeted Microbubble Contrast Of Additional Lesion | \$192.54 | |
| 76981 | Elastography Ultrasound Of Organ Tissue | \$116.34 | |
| 76982 | Elastography Ultrasound Of First Lesion | \$91.15 | |
| 76983 | Elastography Ultrasound Of Additional Lesion | \$59.21 | |
| 76998 | Ultrasonic Guidance Interoperative | \$162.07 | |
| 76999 | Unlisted Ultrasound Procedure (Eg, Diagnostic, Interventional) | Price By Report | |
| 77001 | Fluoroscopic Guidance For Insertion, Replacement Or Removal Of Central Venous Access Device | \$112.98 | |
| 77002 | Fluoroscopic Guidance For Insertion Of Needle | \$88.91 | |
| 77003 | Fluoroscopic Guidance For Injection Into Spine Or Muscle Next To Spine | \$91.29 | |
| 77011 | Ct Guidance Stereotactic Localization | \$243.50 | |
| 77012 | Ct Needle Placement | \$152.06 | |
| 77013 | Ct Tissue Ablation | \$191.14 | |
| 77014 | Ct Radiation Therapy Fields | \$128.90 | |
| 77021 | Radiological Supervision And Interpretation Of Mri Guidance For Insertion Of Needle | \$418.09 | |
| 77022 | Mri Guidance For Destruction Of Tissue | \$217.12 | |
| 77046 | Mri Of One Breast | \$217.31 | |
| 77047 | Mri Of Both Breasts | \$247.99 | |
| 77048 | Mri Of One Breast With And Without Contrast | \$344.75 | |
| 77049 | Mri Of Both Breasts With And Without Contrast | \$390.80 | |
| 77053 | Mammary Ductogram Single Duct | \$57.07 | |
| 77054 | Mammary Ductogram Multiple Ducts | \$66.39 | |
| 77061 | Digital Tomography Of One Breast | Price By Report | |
| 77062 | Digital Tomography Of Both Breasts | Price By Report | |
| 77063 | Screening Digital Tomography Of Both Breasts | \$55.73 | |
| 77065 | Diagnostic Mammography Of One Breast | \$89.39 | |
| 77066 | Diagnostic Mammography Of Both Breasts | \$115.48 | |
| 77067 | Screening Mammography Of Both Breasts | \$95.52 | |
| 77071 | Contralateral Joint If Indicated | \$38.31 | |
| 77072 | Bone Age Studies | \$27.87 | |
| 77073 | Bone Length Studies | \$51.21 | |
| 77074 | Radiologic Exam Osseous Survey Limited | \$70.35 | |
| 77075 | X-Ray Survey Of Forearm Or Wrist Bone Density | \$94.35 | |
| 77076 | X-Ray Survey Of Bones, Infant | \$75.96 | |
| 77077 | Imaging Of 2 Or More Joints, Single View | \$50.16 | |
| 77078 | Ct Scan Bone Mineral Density Study 1 Or More Sites | \$141.05 | |
| 77080 | Bone Density Measurement Of The Core Or Central Skeleton (E.G., Hips, Pelvis, Spine) | \$39.49 | |
| 77081 | Bone Density Measurement Of The Core Or Extremities (E.G., Radius, Wrist, Heel) | \$29.66 | |
| 77084 | Mri Bone Marrow Blood Supply | \$490.48 | |
| 77085 | Bone Density Measurement Of The Core Or Central Skeleton (E.G., Hips, Pelvis, Spine), Including Assessment Of Vertebral Fracture | \$54.39 | |
| 77086 | Fracture Assessment Of Spine Bones Using Dedicated X-Ray Machine For Bone Density Measurement | \$31.30 | |
| 77089 | Calculation Of Trabecular Bone Score (Tbs) Using Imaging Data With Interpretation And Report On Fracture Risk | \$36.32 | |
| 77090 | Technical Preparation And Transmission Of Imaging Data For Analysis Of Trabecular Bone Score (Tbs) Performed Elsewhere | \$2.25 | |
| 77091 | Technical Calculation Of Trabecular Bone Score (Tbs) | \$25.43 | |
| 77092 | Interpretation Of Trabecular Bone Score (Tbs) And Report On Fracture Risk | \$8.65 | |
| 77261 | Management Of Radiation Therapy, Simple | \$73.45 | |
| 77262 | Management Of Radiation Therapy, Intermediate | \$100.45 | |
| 77263 | Management Of Radiation Therapy, Complex | \$173.31 | |
| 77280 | Management Of Radiation Therapy Simulation, Simple | \$190.45 | |
| 77285 | Management Of Radiation Therapy, Simulation, Intermediate | \$429.08 | |
| 77290 | Management Of Radiation Therapy, Simulation, Complex | \$372.18 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 77291 | Percut Vertebroplasty Fluor | Price By Report | |
| 77292 | Percutaneous Vertebroplasty, Ct | Price By Report | |
| 77293 | Respiratory Motion Management Simulation | \$374.63 | |
| 77295 | Management Of Radiation Therapy, 3D | \$501.20 | |
| 77299 | Management Of Radiation Therapy, Therapeutic Radiology | Price By Report | |
| 77300 | Basic Radiation Dosimetry Calculation, Central Axis Depth Dose Calculation, Tdf, Nsd, Gap Calculation, Off Axis Factor, Tissue Inhomogeneity Factors, Calculation Of Non-Ionizing Radiation Surface And Depth Dose, As Required During Course Of Treatment, | \$68.69 | |
| 77301 | Intensity Modulated Radiotherapy Plan, Including Dose-Volume Histograms For Target And Critical Structure Partial Tolerance Specifications | \$1,942.85 | |
| 77306 | Radiation Therapy Plan, Online, Simple | \$160.02 | |
| 77307 | Radiation Therapy Plan, Online, Complex | \$312.09 | |
| 77316 | Radiation Therapy Plan Simple For Insertion Of Radioactive Implant | \$230.60 | |
| 77317 | Radiation Therapy Plan Intermediate For Insertion Of Radioactive Implant | \$290.07 | |
| 77318 | Radiation Therapy Plan, Complex For Insertion Of Radioactive Implant | \$431.66 | |
| 77321 | Special Teletherapy Port Plan, Particles, Hemi-Body, Total Body | \$98.37 | |
| 77331 | Special Dosimetry (Eg, Tld, Microdosimetry) (Specify), Only When Prescribed By The Treating Physician | \$60.74 | |
| 77332 | Radiation Treatment Devices, Design And Construction, Simple | \$40.35 | |
| 77333 | Radiation Treatment Devices, Design And Construction, Intermediate | \$124.69 | |
| 77334 | Radiation Treatment Devices, Design And Construction, Complex | \$131.08 | |
| 77336 | Of Patient Treatment Documentation In Support Of The Radiation Oncologist, Reported Per Week Of Therapy | \$77.76 | |
| 77338 | Multi-Leaf Collimator (Mlc) Device(S) For Intensity Modulated Radiation Therapy (Imrt), Design And Construction Per Imrt Plan | \$483.28 | |
| 77370 | Special Medical Radiation Physics Consultation | \$123.99 | |
| 77371 | Radiation Therapy Delivery, Stereotactic Radiosurgery (Srs) For Cranial Growths, Per Session, Using Multi-Source Radiotherapy | \$1,254.66 | |
| 77372 | Radiation Therapy Delivery, Stereotactic Radiosurgery (Srs) For Cranial Growths, Per Session, Using A Linear Accelerator | \$947.49 | |
| 77373 | Stereotactic Body Radiation Therapy 1 Or More Lesions Using Imaging Guidance | \$978.23 | |
| 77385 | Intensity Modulated Radiation Therapy Delivery, Simple | \$310.08 | |
| 77386 | Intensity Modulated Radiation Therapy Delivery, Complex | \$310.08 | |
| 77387 | Guidance For Localization Of Target Delivery Of Radiation Treatment | \$116.72 | |
| 77399 | Management Of Radiation Therapy, Medical Radiation Physics | Price By Report | |
| 77401 | Radiation Treatment Delivery, Superficial | \$39.68 | |
| 77402 | Radiation Treatment Delivery, Simple | \$63.18 | |
| 77407 | Radiation Treatment Delivery, Intermediate | \$74.27 | |
| 77412 | Radiation Treatment Delivery, Complex | \$82.92 | |
| 77417 | Therapeutic Radiology Port Films | \$12.31 | |
| 77423 | Radiation Treatment Delivery, High Energy | \$246.03 | |
| 77424 | Intraoperative Radiation Treatment Delivery, X-Ray, Single Treatment Session | Price By Report | |
| 77427 | Radiation Treatment Management, 5 Treatments | \$201.93 | |
| 77431 | Radiation Treatment Management, 1 Or 2 Treatments | \$86.24 | |
| 77432 | Stereotactic Radiation Treatment Management Of Brain Lesions, Complete Course Of Treatment Consisting Of 1 Session | \$437.43 | |
| 77435 | Stereotactic Radiation Treatment Management Of 1 Or More Lesions Using Imaging Guidance, Per Treatment Course | \$660.19 | |
| 77469 | Intraoperative Radiation Treatment Management | \$295.18 | |
| 77470 | Special Treatment Procedure (Eg, Total Body Irradiation, Hemibody Radiation, Per Oral Or Endocavitary Irradiation) | \$142.24 | |
| 77499 | Unlisted Management Of Radiation Therapy | Price By Report | |
| 77520 | Proton Treatment Delivery, Simple | \$323.27 | |
| 77522 | Proton Treatment Delivery, Simple With Compensation | Price By Report | |
| 77523 | Proton Treatment Delivery, Intermediate | \$329.49 | |
| 77525 | Proton Treatment Delivery, Complex | Price By Report | |
| 77600 | Hyperthermia, Externally Generated Superficial (Ie, Heating To A Depth Of 4 Cm Or Less) | \$491.36 | |
| 77605 | Hyperthermia, Externally Generated Deep (Ie, Heating To Depths Greater Than 4 Cm) | \$963.50 | |
| 77610 | Hyperthermia Treatment, 5 Or Fewer Probe Applications | \$673.08 | |
| 77615 | Hyperthermia Treatment, 5 Or More Probe Applications | \$1,048.32 | |
| 77620 | Hyperthermia Generated By Intracavitary Probe(S) | \$626.66 | |
| 77750 | Infusion Or Instillation Of Radioelement Solution, Includes 3-Month Follow-Up Care | \$368.79 | |
| 77761 | Application Of Organ Cavity Radiation Source, Simple | \$391.66 | |
| 77762 | Application Of Organ Cavity Radiation Source, Intermediate | \$514.02 | |
| 77763 | Application Of Organ Cavity Radiation Source, Complex | \$723.47 | |
| 77767 | High Dose Brachytherapy Through Skin Surface, 1 Channel Or Up To 2.0 Cm | \$236.69 | |
| 77768 | High Dose Brachytherapy Through Skin Surface, 2 Channels Or More Than 2.0 Cm | \$387.36 | |
| 77770 | High Dose Brachytherapy , 1 Channel | \$352.57 | |
| 77771 | High Dose Brachytherapy , 2- 12 Channels | \$656.68 | |
| 77772 | High Dose Brachytherapy , More Than 12 Channels | \$937.04 | |
| 77778 | Application Of Radiation Source, Complex | \$820.80 | |
| 77789 | Surface Application Of Radiation | \$126.26 | |
| 77790 | Supervision, Handling, Loading Of Radiation | \$15.47 | |
| 77799 | Unlisted Procedure, Clinical Brachytherapy | Price By Report | |
| 78012 | Thyroid Uptake Measurements | \$85.66 | |
| 78013 | Thyroid Imaging (Including Vascular Flow, When Performed); | \$178.79 | |
| 78014 | Thyroid Imaging With Vascular Flow | \$243.85 | |
| 78015 | Thyroid Carcinoma Metastases Imaging; Limited Area (Eg, Neck And Chest Only) | \$211.19 | |
| 78016 | Thyroid Carcinoma Metastases Imaging; Limited Area (Eg, With Additional Studies (Eg, Urinary Recovery) | \$260.34 | |
| 78018 | Thyroid Carcinoma Metastases Imaging; Limited Area (Eg, Whole Body | \$247.25 | |
| 78020 | Thyroid Carcinoma Metastases Uptake (List Separately In Addition To Code For Primary Procedure) | \$84.81 | |
| 78070 | Parathyroid Planar Imaging (Including Subtraction, When Performed); | \$197.56 | |
| 78071 | Parathyroid Planar Imaging (Including Subtraction, When Performed); With Tomographic (Spect) | \$357.72 | |
| 78072 | Parathyroid Planar Imaging (Including Subtraction, When Performed); With Tomographic (Spect); And Concurrently Acquired Computed Tomography (Ct) For Anatomical Localization | \$296.94 | |
| 78075 | Adrenal Imaging, Cortex And/Or Medulla | \$409.71 | |
| 78099 | Unlisted Endocrine Procedure, Diagnostic Nuclear Medicine | Price By Report | |
| 78102 | Bone Marrow Imaging; Limited Area | \$147.06 | |
| 78103 | Bone Marrow Imaging; Multiple Areas | \$174.88 | |
| 78104 | Bone Marrow Imaging; Whole Body | \$190.72 | |
| 78110 | Nuclear Medicine Study Of Plasma, Single Samplings | \$66.62 | |
| 78111 | Nuclear Medicine Study Of Plasma, Multiple Samplings | \$70.88 | |
| 78120 | Nuclear Medicine Study Of Red Blood Cell, Volume Determination, Single Sample | \$68.27 | |
| 78121 | Nuclear Medicine Study Of Red Blood Cell, Volume Determination, Multiple Samples | \$74.80 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 78122 | Whole Blood Volume Determination, Including Separate Measurement Of Plasma Volume And Red Cell Volume (Radiopharmaceutical Volume-Dilution Technique) | \$93.44 | |
| 78130 | Nuclear Medicine Study Of Red Blood Cell, Red Cell Survival | \$120.05 | |
| 78140 | Nuclear Medicine Study Of Red Blood Cell, Sequestration | \$106.52 | |
| 78185 | Spleen Imaging Only, With Or Without Vascular Flow | \$158.84 | |
| 78191 | Platelet Survival Study | \$120.05 | |
| 78195 | Lymphatics And Lymph Nodes Imaging | \$238.73 | |
| 78199 | Nuclear Medicine Study Of Blood And Lymphatic Systems | Price By Report | |
| 78201 | Liver Imaging; Only | \$175.63 | |
| 78202 | Liver Imaging; With Vascular Flow | \$142.72 | |
| 78215 | Liver And Spleen Imaging; | \$180.87 | |
| 78216 | Liver And Spleen Imaging; With Vascular Flow | \$123.00 | |
| 78226 | Hepatobiliary System Imaging, Including Gallbladder When Present; | \$332.52 | |
| 78227 | Hepatobiliary System Imaging, Including Gallbladder When Present; With Pharmacologic Intervention, Including Quantitative Measurement(S) When Performed | \$447.60 | |
| 78230 | Imaging Of Salivary Gland, Simple | \$162.24 | |
| 78231 | Imaging Of Salivary Gland, Complex | \$100.97 | |
| 78232 | Salivary Gland Function Study | \$99.33 | |
| 78258 | Esophageal Motility | \$196.90 | |
| 78261 | Gastric Mucosa Imaging | \$189.26 | |
| 78262 | Gastroesophageal Reflux Study | \$225.91 | |
| 78264 | Stomach Emptying Study | \$224.41 | |
| 78265 | Stomach Emptying And Small Bowel Transit Study | \$360.00 | |
| 78266 | Stomach Emptying And Small Bowel With Colon Transit Study | \$403.94 | |
| 78267 | Nuclear Medicine Study Of Digestive Tract, Acquisition | \$11.06 | |
| 78268 | Nuclear Medicine Study Of Digestive Tract, Analysis | \$94.41 | |
| 78278 | Acute Gastrointestinal Blood Loss Imaging | \$235.05 | |
| 78290 | Intestine Imaging | \$222.34 | |
| 78291 | Peritoneal-Venous Shunt Patency Test (Eg, For Leveen, Denver Shunt) | \$241.28 | |
| 78299 | Unlisted Gastrointestinal Procedure, Diagnostic Nuclear Medicine | Price By Report | |
| 78300 | Bone And/Or Joint Imaging; Limited Area | \$192.11 | |
| 78305 | Bone And/Or Joint Imaging; Multiple Areas | \$207.43 | |
| 78306 | Bone And/Or Joint Imaging, Whole Body | \$235.39 | |
| 78315 | Bone And/Or Joint Imaging, 3 Phase Study | \$267.00 | |
| 78350 | Bone Density (Bone Mineral Content) Study Single Photon Absorptiometry | \$39.70 | |
| 78351 | Bone Density (Bone Mineral Content) Study | \$80.45 | |
| 78399 | Unlisted Musculoskeletal Procedure, Diagnostic Nuclear Medicine | Price By Report | |
| 78414 | Determination Of Central C-V Hemodynamics (Non-Imaging) (Eg, Ejection Fraction With Probe Technique) With Or Without Pharmacologic Intervention Or Exercise, Single Or Multiple Determinations | \$24.50 | |
| 78428 | Cardiac Shunt Detection | \$173.26 | |
| 78429 | Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation And Concurrently Acquired Ct Transmission Scan | \$86.39 | |
| 78430 | Single Nuclear Medicine Study Of Blood Flow In Heart Muscle With Concurrently Acquired Ct Transmission Scan | \$81.95 | |
| 78431 | Multiple Nuclear Medicine Studies Of Blood Flow In Heart Muscle At Rest And With Stress, With Concurrently Acquired Ct Transmission Scan | \$95.22 | |
| 78432 | Combined Nuclear Medicine Study Of Blood Flow In Heart Muscle With Metabolic Evaluation | \$101.48 | |
| 78433 | Combined Nuclear Medicine Study Of Blood Flow In Heart Muscle With Metabolic Evaluation And Concurrently Acquired Ct Transmission Scan | \$110.87 | |
| 78434 | Nuclear Medicine Absolute Quantification Of Blood Flow In Heart Muscle | \$32.15 | |
| 78445 | Non-Cardiac Vascular Flow Imaging (Ie, Angiography, Venography) | \$193.32 | |
| 78451 | Myocardial Perfusion Imaging, Tomographic (Spect) (Including Attenuation Correction, Qualitative Or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Single Study, At Rest Or Stress (Ex | \$243.26 | |
| 78452 | Myocardial Perfusion Imaging, Tomographic (Spect) (Including Attenuation Correction, Qualitative Or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Multiple Studies, At Rest And/Or Stre | \$413.24 | |
| 78453 | Myocardial Perfusion Imaging, Planar (Including Qualitative Or Quantitative Wall Motion, Ejection Fraction By First Pass Or Gated Technique, Additional Quantification, When Performed); Single Study, At Rest Or Stress (Exercise Or Pharmacologic) | \$271.69 | |
| 78454 | Nuclear Medicine Multiple Studies Of Vessels Of Heart At Rest, Using Drugs, Or Exercise | \$398.94 | |
| 78456 | Acute Venous Thrombosis Imaging, Peptide | \$288.81 | |
| 78457 | Venography For Blood Clot In Vein, One Leg Or Arm | \$166.38 | |
| 78458 | Venography For Blood Clot In Veins, Both Legs Or Arms | \$190.26 | |
| 78459 | Single Nuclear Medicine Study Of Heart Muscle With Metabolic Evaluation | \$74.41 | |
| 78466 | Myocardial Imaging, Infarct Avid, Planar; Qualitative Or Quantitative | \$179.13 | |
| 78468 | Myocardial Imaging, Infarct Avid, Planar; With Ejection Fraction By First Pass Technique | \$181.10 | |
| 78469 | Nuclear Medicine Study Of Heart Muscle Following Heart Attack, With Computer Tomography | \$203.99 | |
| 78472 | Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, Gated Equilibrium | \$233.56 | |
| 78473 | Nuclear Medicine Study Of Heart Function Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies | \$266.56 | |
| 78481 | Nuclear Medicine Study Of Heart Wall Motion At Rest Or Stress With Evaluation Of Blood Ejection From Heart, Single Study, First Pass Technique | \$164.10 | |
| 78483 | Nuclear Medicine Study Of Heart Wall Motion At Rest And Stress With Evaluation Of Blood Ejection From Heart, Multiple Studies | \$224.06 | |
| 78491 | Single Nuclear Medicine Study Of Blood Flow In Heart Muscle | \$74.78 | |
| 78492 | Multiple Nuclear Medicine Studies Of Blood Flow In Heart Muscle At Rest And With Stress | \$94.54 | |
| 78494 | Cardiac Blood Pool Imaging, Gated Equilibrium, Spect, At Rest, Wall Motion Study Plus Ejection Fraction, With Or Without Quantitative Processing | \$211.51 | |
| 78496 | Cardiac Blood Pool Imaging, Gated Equilibrium, Single Study, At Rest, With Right Ventricular Ejection Fraction By First Pass Technique (List Separately In Addition To Code For Primary Procedure) | \$40.57 | |
| 78499 | Unlisted Cardiovascular Procedure, Diagnostic Nuclear Medicine | Price By Report | |
| 78579 | Pulmonary Ventilation Imaging (Eg, Aerosol Or Gas) | \$172.04 | |
| 78580 | Pulmonary Perfusion Imaging (Eg, Particulate) | \$191.91 | |
| 78582 | Pulmonary Ventilation (Eg, Aerosol Or Gas) And Perfusion Imaging | \$339.79 | |
| 78597 | Quantitative Differential Pulmonary Perfusion, Including Imaging When Performed | \$206.06 | |
| 78598 | Quantitative Differential Pulmonary Perfusion And Ventilation (Eg, Aerosol Or Gas), Including Imaging When Performed | \$279.54 | |
| 78599 | Unlisted Respiratory Procedure, Diagnostic Nuclear Medicine | Price By Report | |
| 78600 | Imaging Of Brain, Less Than 4 Static Views | \$169.43 | |
| 78601 | Imaging Of Brain With Blood Flow, Less Than 4 Static Views | \$162.60 | |
| 78605 | Imaging Of Brain With Blood Flow, Minimum Of 4 Static Views Without Vascular Flow Measurement | \$184.47 | |
| 78606 | Imaging Of Brain With Blood Flow, Minimum Of 4 Static Views With Vascular Flow Measurement | \$221.14 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 78608 | Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation | \$72.24 | |
| 78609 | Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation | \$69.01 | |
| 78610 | Imaging Of Brain, Blood Flow | \$161.14 | |
| 78630 | Cerebrospinal Fluid Flow, Imaging; Cisternography (Not Including Introduction Of Material) | \$311.05 | |
| 78635 | Cerebrospinal Fluid Flow, Imaging; Ventriculography (Not Including Introduction Of Material) | \$310.39 | |
| 78645 | Cerebrospinal Fluid Flow, Imaging; Shunt Evaluation | \$297.41 | |
| 78650 | Cerebrospinal Fluid Leakage Detection And Localization | \$255.77 | |
| 78660 | Radiopharmaceutical Dacryocystography | \$171.38 | |
| 78699 | Unlisted Nervous System Procedure, Diagnostic Nuclear Medicine | Price By Report | |
| 78700 | Kidney Imaging; Only | \$157.59 | |
| 78701 | Kidney Imaging; With Vascular Flow | \$203.77 | |
| 78707 | Nuclear Medicine Study Of Kidney With Assessment Of Blood Flow And Function, Without Drugs, Single Study | \$249.73 | |
| 78708 | Nuclear Medicine Study Of Kidney With Assessment Of Blood Flow And Function, With Drugs, Single Study | \$185.85 | |
| 78709 | Nuclear Medicine Study Of Kidney With Assessment Of Blood Flow And Function, With Or Without Drugs, Multiple Studies | \$249.22 | |
| 78725 | Kidney Function Study, Non-Imaging Radioisotopic Study | \$116.17 | |
| 78730 | Urinary Bladder Residual Study | \$69.77 | |
| 78740 | Ureteral Reflux Study (Radiopharmaceutical Voiding Cystogram) | \$200.71 | |
| 78761 | Testicular Imaging | \$195.49 | |
| 78799 | Unlisted Genitourinary Procedure, Diagnostic Nuclear Medicine | Price By Report | |
| 78800 | Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Single Area, 1 Day Of Imaging | \$233.21 | |
| 78801 | Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Multiple Areas, Or In Single Area With Imaging Over Multiple Days | \$231.76 | |
| 78802 | Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Whole Body, Single Day Imaging | \$246.13 | |
| 78803 | Spect Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Single Area, 1 Day Of Imaging | \$295.06 | |
| 78804 | Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Whole Body, 2 Or More Days Imaging | \$585.12 | |
| 78808 | Injection Procedure For Radiopharmaceutical Localization By Non-Imaging Probe Study, Intravenous (Eg, Parathyroid Adenoma) | \$38.49 | |
| 78811 | Positron Emission Tomography (Pet) Imaging; Limited Area (Eg, Chest, Head/Neck) | \$75.54 | |
| 78812 | Positron Emission Tomography (Pet) Imaging; Skull Base To Mid-Thigh | \$93.25 | |
| 78813 | Positron Emission Tomography (Pet) Imaging; Whole Body | \$94.07 | |
| 78814 | Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Limited Area (Eg, Chest, Head/Neck) | \$106.76 | |
| 78815 | Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Skull Base To Mid-Thigh | \$4,972.87 | |
| 78816 | Positron Emission Tomography (Pet) With Concurrently Acquired Computed Tomography (Ct) For Attenuation Correction And Anatomical Localization Imaging; Whole Body | \$4,972.87 | |
| 78830 | Spect Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Single Area, With Concurrently Acquired Ct Transmission Scan, 1 Day Of Imaging | \$495.80 | |
| 78831 | Spect Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Multiple Areas, Or In Single Area With Imaging Over Multiple Days | \$650.11 | |
| 78832 | Spect Nuclear Medicine Localization Of Tumor Or Inflammation Or Study Of Distribution Of Radioactive Tracer In Multiple Areas, Or In Single Area With Imaging Over Multiple Days, With Concurrently Acquired Ct Transmission Scan, 1 Day Of Imaging | \$993.48 | |
| 78835 | Quantification Of Radioactive Tracer | \$91.91 | |
| 78999 | Unlisted Miscellaneous Procedure, Diagnostic Nuclear Medicine | Price By Report | |
| 79005 | Radiopharmaceutical Therapy, By Oral Administration | \$142.98 | |
| 79101 | Radioactive Material Therapy Into Vein, Not Radiolabeled | \$139.68 | |
| 79200 | Radiopharmaceutical Therapy, By Intracavitary Administration | \$128.66 | |
| 79300 | Radiopharmaceutical Therapy, By Interstitial Radioactive Colloid Administration | \$87.99 | |
| 79403 | Radioactive Material Therapy Into Vein, Radiolabeled | \$179.14 | |
| 79440 | Radiopharmaceutical Therapy, By Intra-Articular Administration | \$115.90 | |
| 79445 | Radiopharmaceutical Therapy, By Intra-Arterial Particulate Administration | \$114.62 | |
| 79999 | Unlisted Radiopharmaceutical Therapeutic Procedure | Price By Report | |
| 81418 | Genomic Sequence Analysis Panel Of At Least 6 Genes Associated With Drug Metabolism | Price By Report | |
| 81441 | Gene Sequence Analysis Panel At Least 30 Genes Associated With Inherited Bone Marrow Failure Syndromes | Price By Report | |
| 81449 | Targeted Genomic Sequence Analysis Panel Of Rna Of 5-50 Genes Associated With Solid Organ Neoplasm | Price By Report | |
| 81451 | Targeted Genomic Sequence Analysis Panel Of Rna Of 5-50 Genes Associated With Blood And Lymphatic System Disorders | Price By Report | |
| 81456 | Targeted Genomic Sequence Analysis Panel Of Rna Of 51 Or Greater Genes Associated With Blood And Lymphatic System Disorders | Price By Report | |
| 84433 | Evaluation Of Thiopurine S-Methyltransferase (Tpm) | Price By Report | |
| 87467 | Measurement Of Hepatitis B Surface Antigen (Hbsag) | Price By Report | |
| 87468 | Detection Of Anaplasma Phagocytophilum By Amplified Nucleic Acid Probe Technique | Price By Report | |
| 87469 | Detection Of Babesia Microti By Amplified Nucleic Acid Probe Technique | Price By Report | |
| 87478 | Detection Of Babesia Borrelia Miyamotoi By Amplified Nucleic Acid Probe Technique | Price By Report | |
| 87484 | Detection Of Ehrlichia Chaffeensis By Amplified Nucleic Acid Probe Technique | Price By Report | |
| 90460 | Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; First Or Only Component Of Each Vaccine Or Toxoid Administered | \$17.17 | |
| 90461 | Immunization Administration Through 18 Years Of Age Via Any Route Of Administration, With Counseling By Physician Or Other Qualified Health Care Professional; Each Additional Vaccine Or Toxoid Component Administered (List Separately In Addition To Co | \$15.58 | |
| 90471 | Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Or Intramuscular Injections); One Vaccine (Single Or Combination Vaccine/Toxoid) | \$11.59 | |
| 90472 | Immunization Administration (Includes Percutaneous, Intradermal, Subcutaneous, Intramuscular And Jet Injections And/Or Intranasal Or Oral Administration); Each Additional Vaccine (Single Or Combination Vaccine/ Toxoid) (List Separately In Addition To Co | \$11.37 | |
| 90473 | Immunization Administration By Intranasal Or Oral Route; One Vaccine (Single Or Combination Vaccine/Toxoid) | \$11.59 | |
| 90791 | Psychiatric Diagnostic Evaluation | \$131.91 | |
| 90792 | Psychiatric Diagnostic Evaluation With Medical Services | \$136.20 | |
| 90832 | Psychotherapy, 30 Minutes | \$64.17 | |
| 90833 | Psychotherapy Performed With Evaluation And Management Visit, 30 Minutes | \$50.14 | |
| 90834 | Psychotherapy, 45 Minutes | \$85.44 | |
| 90836 | Psychotherapy With Evaluation And Management Visit, 45 Minutes | \$75.14 | |
| 90837 | Psychotherapy, 60 Minutes | \$127.97 | |
| 90838 | Psychotherapy With Evaluation And Management Visit, 60 Minutes | \$100.28 | |
| 90839 | Psychotherapy For Crisis, First 60 Minutes | \$113.91 | |
| 90840 | Psychotherapy For Crisis; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service) | \$56.95 | |
| 90845 | Psychoanalysis | \$89.97 | |
| 90846 | Family Psychotherapy, 50 Minutes | \$96.11 | PA Required |
| 90847 | Family Psychotherapy Including Patient, 50 Minutes | \$69.10 | PA Required |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 90849 | Multiple Family Group Psychotherapy (With Patient Present); Trtmt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Trtmt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days For Adults Only. | \$58.72 | PA Required |
| 90853 | Group Psychotherapy (Other Than Of A Multiple-Family Group); Trtmt Limited To Pymt For 40 Hrs Of Individual Psychotherapy In Combination W/All Other Trtmt Codes For Indep Mh Practitioners Only. Equal To 260 Units In 365-Days Adults Only. | \$58.72 | PA Required |
| 90863 | Pharmacologic Management, Including Prescription And Review Of Medication, When Performed With Psychotherapy Services (List Separately In Addition To The Code For Primary Procedure) | \$56.97 | |
| 90865 | Narcosynthesis For Psychiatric Diagnostic And Therapeutic Purposes (Eg, Sodium Amobarbital (Amytal) Interview) | \$156.92 | |
| 90867 | Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Initial Delivery And Management | \$177.09 | |
| 90868 | Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Delivery And Management, Per Session | \$117.23 | |
| 90869 | Transcranial Magnetic Stimulation Treatment (Stimulates Nerve Cells In Brain To Improve Symptoms Of Depression), Subsequent Motor Threshold Re-Determination With Delivery And Management | \$254.79 | |
| 90870 | Electroconvulsive Therapy (Includes Necessary Monitoring) | \$121.14 | |
| 90882 | Environmental Intervention For Management Of Medical Conditions | \$15.89 | |
| 90899 | Unlisted Psychiatric Service Or Procedure. For 655-657 Diagnostic Assessment With Significant Others With Below Svc. Limits. Also Used For School Districts Rate X 15 Min Units--No Service Limit. | \$32.39 | |
| 90935 | Hemodialysis Procedure With Single Evaluation By A Physician Or Other Qualified Health Care Professional | \$74.54 | |
| 90937 | Hemodialysis Procedure Requiring Repeated Evaluation(S) With Or Without Substantial Revision Of Dialysis Prescription | \$106.89 | |
| 90940 | Hemodialysis Access Flow Study To Determine Blood Flow In Grafts And Arteriovenous Fistulae By An Indicator Method | Price By Report | |
| 90945 | Dialysis Procedure Other Than Hemodialysis (Eg, Peritoneal Dialysis, Hemofiltration, Or Other Continuous Renal Replacement Therapies), With Single Evaluation By A Physician Or Other Qualified Health Care Professional | \$88.83 | |
| 90947 | Dialysis Procedure Requiring Repeat Evaluation | \$127.63 | |
| 90951 | Dialysis Services (4 Or More Physician Visits Per Month), Patient Younger Than 2 Years Of Age | \$1,101.61 | |
| 90952 | Dialysis Services (2-3 Physician Visits Per Month), Patient Younger Than 2 Years Of Age | \$582.61 | |
| 90953 | Dialysis Services (1 Physician Visit Per Month), Patient Younger Than 2 Years Of Age | \$333.51 | |
| 90954 | Dialysis Services (4 Or More Physician Visits Per Month), Patient 2-11 Years Of Age | \$946.82 | |
| 90955 | Dialysis Services (2-3 Physician Visits Per Month), Patient 2-11 Years Of Age | \$490.60 | |
| 90956 | Dialysis Services (1 Physician Visit Per Month), Patient 2-11 Years Of Age | \$325.13 | |
| 90957 | Dialysis Services (4 Or More Physician Visits Per Month), Patient 12-19 Years Of Age | \$708.13 | |
| 90958 | Dialysis Services (2-3 Physician Visits Per Month), Patient 12-19 Years Of Age | \$475.56 | |
| 90959 | Dialysis Services (1 Physician Visit Per Month), Patient 12-19 Years Of Age | \$310.33 | |
| 90960 | Dialysis Services (4 Or More Physician Visits Per Month), Patient 20 Years Of Age And Older | \$312.44 | |
| 90961 | Dialysis Services (2-3 Physician Visits Per Month), Patient 20 Years Of Age And Older | \$251.58 | |
| 90962 | Dialysis Services (1 Physician Visit Per Month), Patient 20 Years Of Age And Older | \$181.27 | |
| 90963 | Home Dialysis Services Per Month, Patient Younger Than 2 Years Of Age | \$569.59 | |
| 90964 | Home Dialysis Services Per Month, Patient 2-11 Years Of Age | \$488.76 | |
| 90965 | Home Dialysis Services Per Month, Patient 12-19 Years Of Age | \$480.88 | |
| 90966 | Home Dialysis Services Per Month, Patient 20 Years Of Age Or Older | \$250.46 | |
| 90967 | Dialysis Services, Per Day (Less Than Full Month Service), Patient Younger Than 2 Years Of Age | \$16.58 | |
| 90968 | Dialysis Services, Per Day (Less Than Full Month Service), Patient 2-11 Years Of Age | \$16.25 | |
| 90969 | Dialysis Services, Per Day (Less Than Full Month Service), Patient 12-19 Years Of Age | \$15.93 | |
| 90970 | Dialysis Services, Per Day (Less Than Full Month Service), Patient 20 Years Of Age Or Older | \$8.55 | |
| 90997 | Hemoperfusion (Eg, With Activated Charcoal Or Resin) | \$82.68 | |
| 91010 | Measurement Of Esophageal Swallowing Movement | \$160.95 | |
| 91013 | Measurement Of Esophageal Swallowing Movement, With Stimulation Or Perfusion | \$25.29 | |
| 91020 | Gastric Motility (Manometric) Studies | \$274.85 | |
| 91022 | Duodenal Motility (Manometric) Study | \$167.46 | |
| 91030 | Esophagus, Acid Perfusion (Bernstein) Test For Esophagitis | \$141.62 | |
| 91034 | Esophagus, Gastroesophageal Reflux Test; With Nasal Catheter Ph Electrode(S) Placement, Recording, Analysis And Interpretation | \$204.95 | |
| 91035 | Esophagus, Gastroesophageal Reflux Test; With Mucosal Attached Telemetry Ph Electrode Placement, Recording, Analysis And Interpretation | \$490.05 | |
| 91037 | Esophageal Function Test, Gastroesophageal Reflux Test With Nasal Catheter Intraluminal Impedance Electrode(S) Placement, Recording, Analysis And Interpretation; | \$136.83 | |
| 91038 | Monitoring Of Gastroesophageal Reflux Including Analysis And Interpretation, Prolonged (Greater Than 1 Hour, Up To 24 Hours) | \$303.87 | |
| 91040 | Evaluation Of Non-Cardiac Chest Pain Using Esophageal Balloon | \$534.94 | |
| 91065 | Measurement Of Hydrogen In Breath To Test For Gi Symptoms | \$64.92 | |
| 91110 | Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus Through Ileum, With Interpretation And Report | \$845.23 | |
| 91111 | Gastrointestinal Tract Imaging, Intraluminal (Eg, Capsule Endoscopy), Esophagus With Interpretation And Report | \$815.50 | |
| 91112 | Gastrointestinal Transit And Pressure Measurement, Stomach Through Colon, Wireless Capsule, With Interpretation And Report | \$1,403.13 | |
| 91113 | Imaging Of Colon Using Capsule Endoscope, With Interpretation And Report | \$832.50 | |
| 91117 | Measurement Of Colon Movement, Minimum 6 Hours Continuous Recording | \$126.86 | |
| 91120 | Rectal Sensation, Tone, And Compliance Test (Ie, Response To Graded Balloon Distention) | \$405.92 | |
| 91122 | Anorectal Manometry | \$195.65 | |
| 91132 | Electrogastrography, Diagnostic, Transcutaneous; | \$458.50 | |
| 91133 | Electrogastrography, Diagnostic, Transcutaneous; With Provocative Testing | \$479.44 | |
| 91200 | Measuring The Stiffness In The Liver Via Elastography | \$34.01 | |
| 91299 | Unlisted Diagnostic Gastroenterology Procedure | Price By Report | |
| 92002 | Eye And Medical Examination For Diagnosis And Treatment, New Patient | \$76.52 | |
| 92004 | Eye And Medical Examination For Diagnosis And Treatment, New Patient, 1 Or More Visits | \$143.94 | |
| 92012 | Eye And Medical Examination For Diagnosis And Treatment, Established Patient | \$80.46 | |
| 92014 | Eye And Medical Examination For Diagnosis And Treatment, Established Patient, 1 Or More Visits | \$117.24 | |
| 92015 | Assessment For Prescription Eye Wear Using A Range Of Lens Powers | \$13.29 | |
| 92018 | Diagnostic Eye Examination Under General Anesthesia, Complete | \$143.70 | |
| 92019 | Diagnostic Eye Examination Under General Anesthesia, Limited | \$69.16 | |
| 92020 | Gonioscopy (Separate Procedure) | \$28.99 | |
| 92025 | Computerized Corneal Topography, Unilateral Or Bilateral, With Interpretation And Report | \$35.29 | |
| 92060 | Sensorimotor Examination With Multiple Measurements Of Ocular Deviation (Eg, Restrictive Or Paretic Muscle With Diplopia) With Interpretation And Report (Separate Procedure) | \$43.82 | |
| 92065 | Orthoptic And/Or Pleoptic Training, With Continuing Medical Direction And Evaluation | \$44.52 | |
| 92066 | Eye Training Exercise Under Supervision Of Health Care Professional | \$23.29 | |
| 92071 | Fitting Of Contact Lens For Treatment Of Ocular Surface Disease | \$32.62 | |
| 92072 | Fitting Of Contact Lens For Management Of Keratoconus, Initial Fitting | \$88.83 | |
| 92081 | Measurement Of Field Of Vision During Daylight Conditions, Limited Examination | \$34.78 | |
| 92082 | Measurement Of Field Of Vision During Daylight Conditions, Intermediate Examination | \$48.94 | |
| 92083 | Measurement Of Field Of Vision During Daylight Conditions, Extended Examination | \$66.38 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 92100 | Multiple Measurements Of Eye Fluid Pressure Over An Extended Time Period, Same Day | \$81.32 | |
| 92132 | Scanning Computerized Ophthalmic Diagnostic Imaging, Anterior Segment, With Interpretation And Report, Unilateral Or Bilateral | \$32.96 | |
| 92133 | Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Optic Nerve | \$38.77 | |
| 92134 | Scanning Computerized Ophthalmic Diagnostic Imaging, Posterior Segment, With Interpretation And Report, Unilateral Or Bilateral; Retina | \$42.77 | |
| 92136 | Ophthalmic Biometry By Partial Coherence Interferometry With Intraocular Lens Power Calculation | \$52.57 | |
| 92145 | Corneal Hysteresis Determination | \$12.97 | |
| 92201 | Extended Examination Of Eye With Drawing Of Retina | \$25.96 | |
| 92202 | Extended Examination Of Eye With Drawing Of Optic Nerve And Surrounding Area (Macula) | \$16.51 | |
| 92227 | Imaging Of Retina For Disease Detection, With Review And Report By Remote Clinical Staff | \$15.16 | |
| 92228 | Imaging Of Retina For Disease Detection, With Review And Report By Remote Healthcare Professional | \$29.00 | |
| 92230 | Fluorescein Angioscopy With Interpretation And Report | \$93.32 | |
| 92235 | Imaging Of Blood Vessels In Back Of Eye Using Fluorescein Dye | \$140.99 | |
| 92240 | Imaging Of Blood Vessels In Back Of Eye Using Indocyanine-Green Dye | \$208.88 | |
| 92242 | Imaging Of Blood Vessels In Back Of Eye Using Fluorescein And Indocyanine-Green Dye | \$240.27 | |
| 92250 | Fundus Photography With Interpretation And Report | \$39.13 | |
| 92260 | Ophthalmodynamometry | \$18.76 | |
| 92265 | Needle Oculoelectromyography, One Or More Extraocular Muscles, One Or Both Eyes, With Interpretation And Report | \$82.31 | |
| 92270 | Electro-Oculography With Interpretation And Report | \$104.00 | |
| 92273 | Full Field Recording Of Retinal Electrical Responses To External Stimuli With Interpretation And Report | \$134.82 | |
| 92274 | Multifocal Recording Of Retinal Electrical Responses To External Stimuli With Interpretation And Report | \$82.96 | |
| 92283 | Color Vision Examination, Extended, Eg, Anomaloscope Or Equivalent | \$37.82 | |
| 92284 | Dark Adaptation Examination With Interpretation And Report | \$54.96 | |
| 92285 | External Ocular Photography With Interpretation And Report For Documentation Of Medical Progress (Eg, Close-Up Photography, Slit Lamp Photography, Goniophotography, Stereo-Photography) | \$24.23 | |
| 92286 | Anterior Segment Imaging With Interpretation And Report; With Specular Microscopy And Endothelial Cell Analysis | \$41.32 | |
| 92287 | Anterior Segment Imaging With Interpretation And Report; With Fluorescein Angiography | \$131.06 | |
| 92310 | Measurement Of Curvature Of Both Corneas With Contact Lens Fitting, Except For Aphakia | \$30.95 | |
| 92311 | Prescription Of Optical And Physical Characteristics Of And Fitting Of Contact Lens, With Medical Supervision Of Adaptation; Corneal Lens For Aphakia, One Eye | \$101.93 | |
| 92312 | Measurement Of Curvature Of Both Corneas With Contact Lens Fitting, For Aphakia | \$91.46 | |
| 92313 | Measurement Of Curvature Of Cornea With Contact Lens Fitting To Cornea And Sclera, With Medical Supervision Of Adaptation | \$90.39 | |
| 92315 | Prescription Of Optical And Physical Characteristics Of Contact Lens, With Medical Supervision Of Adaptation And Direction Of Fitting By Independent Technician Corneal Lens For Aphakia, One Eye | \$79.58 | |
| 92316 | Measurement Of Curvature Of Both Corneas With Contact Lens Fitting, With Supervision By Independent Technician, For Aphakia | \$98.23 | |
| 92317 | Measurement Of Curvature Of Cornea With Contact Lens Fitting To Cornea And Sclera, With Medical Supervision Of Adaptation And Direction Of Fitting By Independent Technician | \$83.51 | |
| 92326 | Replacement Of Contact Lens | \$41.92 | |
| 92370 | Repair And Refitting Spectacles; Except For Aphakia | \$31.14 | |
| 92499 | Unlisted Ophthalmological Service Or Procedure | Price By Report | |
| 92502 | Examination Of Head, Neck, Including Ears, Nose And Throat Under General Anesthesia | \$102.73 | |
| 92504 | Binocular Microscopy (Separate Diagnostic Procedure) | \$30.49 | |
| 92507 | Treatment Of Speech, Language, Voice, Communication, And/Or Hearing Processing Disorder | \$22.62 | |
| 92508 | Group Treatment Of Speech, Language, Voice, Communication, And/Or Hearing Processing Disorder | \$17.42 | |
| 92511 | Nasopharyngoscopy With Endoscope (Separate Procedure) | \$127.32 | |
| 92512 | Nasal Function Studies, Eg, Rhinomanometry | \$43.50 | |
| 92516 | Facial Nerve Function Studies (Eg, Electroneuronography) | \$66.19 | |
| 92520 | Laryngeal Function Studies (Ie, Aerodynamic Testing And Acoustic Testing) | \$78.61 | |
| 92521 | Evaluation Of Speech Fluency | \$96.23 | |
| 92522 | Evaluation Of Speech Sound Production | \$82.80 | |
| 92523 | Evaluation Of Speech Sound Production With Evaluation Of Language Comprehension And Expression | \$170.14 | |
| 92524 | Behavioral And Qualitative Analysis Of Voice And Resonance | \$81.03 | |
| 92526 | Treatment Of Swallowing Dysfunction And/Or Oral Function For Feeding | \$82.89 | |
| 92531 | Spontaneous Nystagmus, Including Gaze | \$0.01 | |
| 92532 | Positional Nystagmus Test | \$0.01 | |
| 92533 | Caloric Vestibular Test, Each Irrigation (Binaural, Bithermal Stimulation Constitutes Four Tests) | \$21.06 | |
| 92534 | Optokinetic Nystagmus Test | \$0.01 | |
| 92537 | Assessment And Recording Of Balance System During Hot And Cold Irrigation Of Both Ears | \$44.08 | |
| 92538 | Assessment And Recording Of Balance System During Irrigation Of Both Ears | \$21.48 | |
| 92540 | Observation, Testing, And Recording Of Abnormal Eye Movement | \$106.61 | |
| 92541 | Spontaneous Nystagmus Test, Including Gaze And Fixation Nystagmus, With Recording | \$26.78 | |
| 92542 | Positional Nystagmus Test, Minimum Of 4 Positions, With Recording | \$30.78 | |
| 92544 | Optokinetic Nystagmus Test, Bidirectional, Foveal Or Peripheral Stimulation, With Recording | \$16.91 | |
| 92545 | Oscillating Tracking Test, With Recording | \$17.69 | |
| 92546 | Sinusoidal Vertical Axis Rotational Testing | \$120.36 | |
| 92547 | Use Of Vertical Electrodes (List Separately In Addition To Code For Primary Procedure) | \$10.14 | |
| 92548 | Computerized Dynamic Assessment Of Balance And Postural Instability | \$46.45 | |
| 92550 | Tympanometry And Reflex Threshold Measurements | \$23.17 | |
| 92551 | Screening Test, Pure Tone, Air Only | \$14.89 | |
| 92552 | Pure Tone Audiometry (Threshold) Air Only | \$23.58 | |
| 92553 | Pure Tone Audiometry (Threshold) Air And Bone | \$30.43 | |
| 92555 | Speech Audiometry Threshold; | \$17.83 | |
| 92556 | Speech Audiometry Threshold; With Speech Recognition | \$28.14 | |
| 92557 | Comprehensive Audiometry Threshold Evaluation And Speech Recognition (92553 And 92556 Combined) | \$39.39 | |
| 92558 | Evoked Otoacoustic Emissions, Screening (Qualitative Measurement Of Distortion Product Or Transient Evoked Otoacoustic Emissions), Automated Analysis | \$12.55 | |
| 92562 | Loudness Balance Test, Alternate Binaural Or Monaural | \$44.27 | |
| 92563 | Tone Decay Test | \$22.39 | |
| 92565 | Stenger Test, Pure Tone | \$18.10 | |
| 92567 | Tympanometry (Impedance Testing) | \$17.57 | |
| 92568 | Acoustic Reflex Testing; Threshold | \$16.24 | |
| 92570 | Acoustic Immittance Testing, Includes Tympanometry (Impedance Testing), Acoustic Reflex Threshold Testing, And Acoustic Reflex Decay Testing | \$35.30 | |
| 92571 | Filtered Speech Test | \$27.26 | |
| 92572 | Assessment Of Hearing Using (Ssw) Word Test | \$42.81 | |
| 92575 | Sensorineural Acuity Level Test | \$67.63 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 92576 | Synthetic Sentence Identification Test | \$36.41 | |
| 92577 | Stenger Test, Speech | \$19.75 | |
| 92579 | Visual Reinforcement Audiometry (Vra) | \$34.74 | |
| 92582 | Conditioning Play Audiometry | \$54.37 | |
| 92583 | Select Picture Audiometry | \$35.57 | |
| 92584 | Electrocochleography | \$110.12 | |
| 92587 | Distortion Product Evoked Otoacoustic Emissions; Limited Evaluation (To Confirm The Presence Or Absence Of Hearing Disorder, 3-6 Frequencies) Or Transient Evoked Otoacoustic Emissions, With Interpretation And Report | \$23.14 | |
| 92588 | Distortion Product Evoked Otoacoustic Emissions; Comprehensive Diagnostic Evaluation (Quantitative Analysis Of Outer Hair Cell Function By Cochlear Mapping, Minimum Of 12 Frequencies), With Interpretation And Report | \$35.86 | |
| 92590 | Hearing Aid Examination And Selection; Monaural | \$304.20 | |
| 92591 | Hearing Aid Examination And Selection; Binaural | \$286.90 | |
| 92592 | Hearing Aid Check; Monaural | \$20.19 | |
| 92593 | Hearing Aid Check; Binaural | \$25.52 | |
| 92594 | Electroacoustic Evaluation For Hearing Aid; Monaural | \$47.18 | |
| 92595 | Electroacoustic Evaluation For Hearing Aid; Binaural | \$28.62 | |
| 92596 | Ear Protector Attenuation Measurements | \$66.60 | |
| 92597 | Evaluation For Use And/Or Fitting Of Voice Prosthetic Or Augmentative/Alternative Communication Device To Supplement Oral Speech | \$68.17 | |
| 92601 | Analysis And Programming Of Inner Ear (Cochlear) Implant, Patient Younger Than 7 Years Of Age | \$168.61 | |
| 92602 | Analysis And Reprogramming Of Inner Ear (Cochlear) Implant, Patient Younger Than 7 Years Of Age | \$103.58 | |
| 92603 | Analysis And Programming Of Inner Ear (Cochlear) Implant, Patient Age 7 Years Or Older | \$155.62 | |
| 92604 | Analysis And Reprogramming Of Inner Ear (Cochlear) Implant, Patient Age 7 Years Or Older | \$68.32 | |
| 92605 | Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour | \$0.01 | |
| 92606 | Therapeutic Service(S) For The Use Of Non-Speech-Generating Device, Including Programming And Modification | \$0.01 | |
| 92607 | Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; First Hour | \$117.99 | |
| 92608 | Evaluation For Prescription For Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure) | \$46.57 | |
| 92609 | Therapeutic Services For The Use Of Speech-Generating Device, Including Programming And Modification | \$91.83 | |
| 92610 | Evaluation Of Oral And Pharyngeal Swallowing Function | \$89.91 | |
| 92611 | Motion Fluoroscopic Evaluation Of Swallowing Function By Cine Or Video Recording | \$86.71 | |
| 92612 | Evaluation And Recording Of Swallowing Using An Endoscope | \$171.24 | |
| 92613 | Evaluation, Recording, And Interpretation Of Swallowing Using An Endoscope | \$37.93 | |
| 92614 | Evaluation And Recording Of Voice Box Sensory Function Using An Endoscope | \$139.57 | |
| 92615 | Evaluation, Recording, And Interpretation Of Voice Box Sensory Function Using An Endoscope | \$30.54 | |
| 92616 | Evaluation And Recording Of Swallowing And Voice Box Sensory Function Using An Endoscope | \$206.63 | |
| 92617 | Evaluation, Recording, And Interpretation Of Swallowing And Voice Box Sensory Function Using An Endoscope | \$38.18 | |
| 92618 | Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-Face With The Patient; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Procedure) | \$0.01 | |
| 92620 | Evaluation Of Central Auditory Function, With Report; Initial 60 Minutes | \$63.25 | |
| 92621 | Evaluation Of Central Auditory Function, With Report; Each Additional 15 Minutes (List Separately In Addition To Code For Primary Procedure) | \$23.38 | |
| 92625 | Assessment Of Tinnitus (Includes Pitch, Loudness Matching, And Masking) | \$67.69 | |
| 92626 | Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; First Hour | \$90.91 | |
| 92627 | Evaluation Of Hearing Function To Determine Candidacy For, Or Postoperative Status Of, Surgically Implanted Hearing Device; Additional 15 Minutes | \$19.73 | |
| 92630 | Auditory Rehabilitation; Pre-Lingual Hearing Loss | Price By Report | |
| 92633 | Auditory Rehabilitation; Post-Lingual Hearing Loss | Price By Report | |
| 92640 | Analysis With Programming Of Auditory Brainstem Implant, Per Hour | \$105.78 | |
| 92700 | Ear, Nose, Or Throat Procedure | \$16.24 | |
| 92920 | Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Each Additional Artery Or Branch | \$510.92 | |
| 92921 | Balloon Dilation Of Narrowed Or Blocked Major Coronary Artery Or Branch (Accessed Through The Skin), Single Artery Or Branch | \$0.01 | |
| 92924 | Removal Of Plaque Of Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch | \$608.76 | |
| 92928 | Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Each Additional Artery Or Branch | \$568.33 | |
| 92929 | Catheter Placement Of Stents In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch | \$0.01 | |
| 92933 | Removal Of Plaque And Insertion Of Stent In Major Coronary Artery Or Branch, Accessed Through The Skin, Single Artery Or Branch | \$637.06 | |
| 92937 | Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel, Accessed Through The Skin, Single Vessel, Including Distal Protection When Performed | \$567.61 | |
| 92938 | Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel, Accessed Through The Skin, Each Additional Branch | \$0.01 | |
| 92941 | Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel During Heart Attack, Accessed Through The Skin | \$638.51 | |
| 92943 | Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel, Accessed Through The Skin, Single Vessel | \$638.26 | |
| 92944 | Insertion Of Stent, Removal Of Plaque And/Or Balloon Dilation Of Coronary Vessel, Accessed Through The Skin, Each Additional Artery, Branch Or Graft | \$0.01 | |
| 92950 | Cardiopulmonary Resuscitation (Eg, In Cardiac Arrest) | \$357.86 | |
| 92953 | Temporary Transcutaneous Pacing | \$0.85 | |
| 92960 | Cardioversion, Elective, Electrical Conversion Of Arrhythmia, External | \$163.82 | |
| 92961 | Cardioversion, Elective, Electrical Conversion Of Arrhythmia; Internal (Separate Procedure) | \$215.29 | |
| 92970 | Cardioassist-Method Of Circulatory Assist; Internal | \$164.10 | |
| 92971 | Cardioassist-Method Of Circulatory Assist; External | \$87.07 | |
| 92973 | Removal Of Blood Clot In Heart Artery, Accessed Through The Skin | \$170.43 | |
| 92974 | Transcatheter Placement Of Radiation Delivery Device For Subsequent Coronary Intravascular Brachytherapy (List Separately In Addition To Code For Primary Procedure) | \$140.16 | |
| 92975 | Thrombolysis, Coronary; By Intracoronary Infusion, Including Selective Coronary Angiography | \$326.01 | |
| 92977 | Thrombolysis, Coronary; By Intravenous Infusion | \$52.98 | |
| 92978 | Ultrasound Evaluation Of Heart Blood Vessel Or Graft, Initial Vessel | \$96.90 | |
| 92979 | Ultrasound Evaluation Of Heart Blood Vessel Or Graft, Each Additional Vessel | \$73.72 | |
| 92986 | Catheter Based Repair Of Left Lower Heart (Aortic) Valve, Accessed Through The Skin | \$1,159.45 | |
| 92987 | Catheter Based Repair Of Heart Valve (Mitral) Between Left Upper And Lower Chambers, Accessed Through The Skin | \$1,198.79 | |
| 92990 | Catheter Based Repair Of Heart Valve (Pulmonary) To Lungs, Accessed Through The Skin | \$1,000.38 | |
| 92997 | Balloon Catheter Opening Of Major Lung Artery (Pulmonary), Accessed Through The Skin, Single Vessel | \$620.14 | |
| 92998 | Balloon Catheter Opening Of Major Lung Artery (Pulmonary), Accessed Through The Skin, Each Additional Vessel | \$307.32 | |
| 93000 | Electrocardiogram, Routine Ecg With At Least 12 Leads; With Interpretation And Report | \$14.78 | |
| 93005 | Electrocardiogram, Routine Ecg With At Least 12 Leads; Tracing Only, Without Interpretation And Report | \$6.30 | |
| 93010 | Electrocardiogram, Routine Ecg With At Least 12 Leads; Interpretation And Report Only | \$8.48 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|----------|-------------------|
| 93015 | Exercise Or Drug-Induced Heart And Blood Vessel Stress Test With Ekg Monitoring, Physician Supervision, Interpretation, And Report | \$74.76 | |
| 93016 | Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise, Continuous Electrocardiographic Monitoring, And/Or Pharmacological Stress; Supervision Only, Without Interpretation And Report | \$22.42 | |
| 93017 | Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill Or Bicycle Exercise; Tracing Only, Without Interpretation And Report | \$37.32 | |
| 93018 | Exercise Or Drug-Induced Heart And Blood Vessel Stress Test With Ekg Monitoring, Physician Interpretation And Report | \$15.03 | |
| 93024 | Ergonovine Provocation Test | \$103.59 | |
| 93025 | Microvolt T-Wave Alternans For Assessment Of Ventricular Arrhythmias | \$115.56 | |
| 93040 | Rhythm Ecg, One To Three Leads; With Interpretation And Report | \$12.97 | |
| 93041 | Rhythm Ecg, One To Three Leads; Tracing Only Without Interpretation And Report | \$5.34 | |
| 93042 | Rhythm Ecg, One To Three Leads; Interpretation And Report Only | \$7.04 | |
| 93050 | Analysis Of Pressure Of Upper Limb Artery With Interpretation And Report | \$14.94 | |
| 93224 | Heart Rhythm Tracing, Analysis, And Interpretation Of 48-Hour Ekg, Includes Recording, Scanning Analysis With Report | \$80.31 | |
| 93225 | External Electrocardiographic Recording Up To 48 Hours By Continuous Rhythm Recording And Storage; Recording (Includes Connection, Recording, And Disconnection) | \$20.48 | |
| 93226 | Heart Rhythm Analysis, Interpretation And Report Of 48-Hour Ekg | \$40.46 | |
| 93227 | Heart Rhythm Tracing, Analysis, And Interpretation Of 48-Hour Ekg | \$19.38 | |
| 93228 | Heart Rhythm Tracing, Computer Analysis, And Interpretation Of Patient-Triggered Events Greater Than 24-Hour Ekg Up To 30 Days | \$26.30 | |
| 93229 | Heart Rhythm Tracing, Computer Analysis, Physician Prescribed Transmission Of Patient-Triggered Events Greater Than 24-Hour Ekg Up To 30 Days | \$922.38 | |
| 93241 | Heart Rhythm Recording, Analysis, Report, Review, And Interpretation Of Continous External Ekg Over More Than 48 Hours Up To 7 Days | \$239.86 | |
| 93242 | Heart Rhythm Recording Continous External Ekg Over More Than 48 Hours Up To 7 Days | \$14.40 | |
| 93243 | Heart Rhythm Analysis And Report Of Continous External Ekg Over More Than 48 Hours Up To 7 Days | \$208.41 | |
| 93244 | Heart Rhythm Review, And Interpretation Of Continous External Ekg Over More Than 48 Hours Up To 7 Days | \$22.16 | |
| 93245 | Heart Rhythm Recording, Analysis, Interpretation And Report Of Continous External Ekg Over More Than 1 Week Up To 1 Weeks | \$252.67 | |
| 93246 | Heart Rhythm Recording Of Continous External Ekg Over 8-15 Days | \$14.40 | |
| 93247 | Heart Rhythm Analysis And Report Of Continous External Ekg Over 8-15 Days | \$219.09 | |
| 93248 | Heart Rhythm Review And Interpretation Of Continous External Ekg Over 8-15 Days | \$24.35 | |
| 93260 | Programming Device Evaluation Of Heart Monitoring System With Adjustment Of Programmed Values With Analysis, Review And Report | \$72.83 | |
| 93261 | Evaluation Of Defibrillator With Analysis, Review, And Report | \$66.44 | |
| 93264 | Remote Monitoring Of Wireless Pressure Sensor In Lung Artery With Qualified Health Care Professional Analysis, Review, And Report | \$39.03 | |
| 93268 | External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Includes Transmission, Review And Int | \$197.81 | |
| 93270 | External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Recording (Includes Connection, Record | \$8.85 | |
| 93271 | External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Transmission Download And Analysis | \$163.28 | |
| 93272 | External Patient And, When Performed, Auto Activated Electrocardiographic Rhythm Derived Event Recording With Symptom-Related Memory Loop With Remote Download Capability Up To 30 Days, 24-Hour Attended Monitoring; Review And Interpretation By A Physicia | \$25.68 | |
| 93278 | Signal-Averaged Electrocardiography (Saeeg), With Or Without Ecg | \$27.36 | |
| 93279 | Evaluation, Testing, And Programming Adjustment Of Permanent Single Lead Pacemaker System In One Chamber Of Heart With Qualified Health Care Professional Analysis, Review, And Report | \$59.16 | |
| 93280 | Evaluation, Testing, And Programming Adjustment Of Permanent Dual Lead Pacemaker System With Physician Analysis, Review, And Report | \$70.09 | |
| 93281 | Evaluation, Testing, And Programming Adjustment Of Permanent Multiple Lead Pacemaker System With Physician Analysis, Review, And Report | \$81.59 | |
| 93282 | Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report, Single Lead Defibrillator System | \$74.99 | |
| 93283 | Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report, Dual Lead Defibrillator System | \$96.46 | |
| 93284 | Evaluation, Testing And Programming Adjustment Of Defibrillator With Analysis, Review And Report, Multiple Lead Defibrillator System | \$108.27 | |
| 93285 | Evaluation, Testing, And Programming Adjustment Of Heart Rhythm Monitor System Implanted Under Skin With Qualified Health Care Professional Analysis, Review, And Report | \$49.98 | |
| 93286 | Evaluation, Testing, And Programming Adjustment Of Single, Dual, Or Multiple Lead Pacemaker System Before Or After Surgery, Procedure, Or Test With Qualified Health Care Professional Analysis, Review, And Report | \$33.75 | |
| 93287 | Evaluation And Programming Adjustment Of Defibrillator With Analysis, Review And Report | \$39.25 | |
| 93288 | Evaluation Of Parameters Of Leadless, Single, Dual, Or Multiple Lead Pacemaker System With Qualified Health Care Professional Analysis, Review, And Report | \$44.63 | |
| 93289 | Evaluation Of Defibrillator Including Connection, Recording And Disconnection | \$76.81 | |
| 93290 | Evaluation Of Parameters Of Implantable Heart And Blood Vessel Monitor System With Qualified Health Care Professional Analysis, Review, And Report | \$39.10 | |
| 93291 | Evaluation Of Heart Rhythm Monitor System Implanted Under Skin With Qualified Health Care Professional Analysis, Review, And Report | \$43.04 | |
| 93292 | Evaluation Of Wearable Defibrillator System Including Connection, Disconnection, Recording, Physician Analysis, Review, And Report | \$49.73 | |
| 93293 | Telephonic Evaluation Of Single, Dual, Or Multiple Lead Pacemaker Heart Rhythm Strips Up To 90 Days | \$50.76 | |
| 93294 | Remote Evaluations Of Single, Dual, Or Multiple Lead Pacemaker System With Qualified Health Care Professional Analysis, Review, And Report, Up To 90 Days | \$31.03 | |
| 93295 | Remote Evaluations Of Defibrillator Up To 90 Days With Analysis, Review And Report | \$38.42 | |
| 93296 | Remote Evaluations Of Single, Dual, Or Multiple Lead Pacemaker System Or Implantable Defibrillator System With Technician Review, Support And Distribution Of Results, Up To 90 Days | \$24.83 | |
| 93297 | Remote Evaluations Of Implantable Heart And Blood Vessel Monitor System With Qualified Health Care Professional Analysis, Review, And Report, Up To 30 Days | \$27.03 | |
| 93298 | Remote Evaluations Of Heart Rhythm Monitor System Implanted Under Skin With Qualified Health Care Professional Analysis, Review, And Report, Up To 30 Days | \$27.03 | |
| 93303 | Transthoracic Echocardiography For Congenital Cardiac Anomalies; Complete | \$242.37 | |
| 93304 | Transthoracic Echocardiography For Congenital Cardiac Anomalies; Follow-Up Or Limited Study | \$136.02 | |
| 93306 | Ultrasound Examination Of Heart Including Color-Depicted Blood Flow Rate, Direction, And Valve Function | \$213.45 | |
| 93307 | Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Complete, Without Spectral Or Color Doppler Echocardiography | \$149.37 | |
| 93308 | Echocardiography, Transthoracic, Real-Time With Image Documentation (2D), Includes M-Mode Recording, When Performed, Follow-Up Or Limited Study | \$106.11 | |
| 93312 | Echocardiography, Transesophageal, Real Time With Image Documentation (2D) (With Or Without M-Mode Recording); Including Probe Placement, Image Acquisition, Interpretation And Report | \$256.83 | |
| 93313 | Echocardiography, Real Time With Image Documentation (2D) (With Or Without M-Mode Recording), Transesophageal; Placement Of Transesophageal Probe Only | \$11.52 | |
| 93314 | Echocardiography, Real Time With Image Documentation (2D) (With Or Without M-Mode Recording), Transesophageal; Image Acquisition, Interpretation And Report Only | \$200.17 | |
| 93315 | Transesophageal Echocardiography For Congenital Cardiac Anomalies; Including Probe Placement, Image Acquisition, Interpretation And Report | \$138.00 | |
| 93316 | Transesophageal Echocardiography For Congenital Cardiac Anomalies; Placement Of Transesophageal Probe Only | \$26.43 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 93317 | Transesophageal Echocardiography For Congenital Cardiac Anomalies; Image Acquisition, Interpretation And Report Only | \$99.55 | |
| 93318 | Echocardiography, Transesophageal (Tee) For Monitoring Purposes, Including Probe Placement, Real Time 2-Dimensional Image Acquisition And Interpretation Leading To Ongoing (Continuous) Assessment Of (Dynamically Changing) Cardiac Pumping Function And To Ther | \$104.63 | |
| 93319 | 3D Ultrasound Imaging Of Heart For Evaluation Of Heart Structure Performed During Ultrasound Imaging Of Congenital Heart Defects | \$49.55 | |
| 93320 | Doppler Ultrasound Study Of Heart Blood Flow, Valves, And Chambers | \$55.13 | |
| 93321 | Follow-Up Or Limited Heart Doppler Ultrasound Study Of Heart Blood Flow, Valves, And Chambers | \$27.37 | |
| 93325 | Doppler Ultrasound Study Of Color-Directed Heart Blood Flow, Rate, And Valve Function | \$25.80 | |
| 93350 | Ultrasound Examination Of The Heart Performed During Rest, Exercise, And/Or Drug-Induced Stress With Interpretation And Report | \$202.55 | |
| 93351 | Ultrasound Examination And Continuous Monitoring Of The Heart Performed During Rest, Exercise, And/Or Drug-Induced Stress With Interpretation And Report | \$251.02 | |
| 93352 | Use Of Echocardiographic Contrast Agent During Stress Echocardiography (List Separately In Addition To Code For Primary Procedure) | \$35.50 | |
| 93355 | Insertion Of Probe In Esophagus For Heart Ultrasound Examination During Procedure On Heart Or Great Blood Vessel Via Catheter | \$232.72 | |
| 93356 | Heart Muscle Strain Imaging | \$41.96 | |
| 93451 | Insertion Of Catheter For Diagnostic Evaluation Of Right Heart Structures | \$1,011.29 | |
| 93452 | Insertion Of Catheter Into Left Heart Including Imaging Interpretation And Supervision And Injection | \$994.61 | |
| 93453 | Insertion Of Catheter Into Right And Left Heart For Diagnosis | \$1,260.00 | |
| 93454 | Insertion Of Catheter For Imaging Of Heart Including Imaging Interpretation And Supervision And Injection | \$996.08 | |
| 93455 | Insertion Of Catheter For Imaging Of Heart Blood Vessels And/Or Grafts Including Imaging Interpretation And Supervision And Injection | \$1,106.97 | |
| 93456 | Insertion Of Catheter In Right Heart For X-Ray Imaging Of Blood Vessels Or Grafts | \$1,237.58 | |
| 93457 | Insertion Of Catheter In Right Heart For Imaging Of Blood Vessels Or Grafts | \$1,213.33 | |
| 93458 | Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels And Left Lower Heart Including Imaging Interpretation And Supervision And Injection | \$1,140.55 | |
| 93459 | Insertion Of Catheter In Left Heart For Imaging Of Blood Vessels And/Or Grafts And Left Lower Heart Including Imaging Interpretation And Supervision And Injection | \$1,224.93 | |
| 93460 | Insertion Of Catheter In Right And Left Heart And Left Lower Heart Including Imaging Interpretation And Supervision And Injection | \$1,360.91 | |
| 93461 | Insertion Of Catheter In Right And Left Heart And Left Lower Heart For Imaging Of Blood Vessels And/Or Grafts Including Imaging Interpretation And Supervision And Injection | \$1,349.91 | |
| 93462 | Insertion Of Catheter Into Left Heart Through The Septum Or Apical Area Of The Heart | \$203.55 | |
| 93463 | Pharmacologic Agent Administration (Eg, Inhaled Nitric Oxide, Intravenous Infusion Of Nitroprusside, Dobutamine, Milrinone, Or Other Agent) Including Assessing Hemodynamic Measurements Before, During, After And Repeat Pharmacologic Agent Administ | \$100.61 | |
| 93464 | Physiologic Exercise Study (Eg, Bicycle Or Arm Ergometry) Including Assessing Hemodynamic Measurements Before And After (List Separately In Addition To Code For Primary Procedure) | \$215.57 | |
| 93503 | Insertion And Placement Of Flow Directed Catheter (Eg, Swan-Ganz) For Monitoring Purposes | \$89.24 | |
| 93505 | Endomyocardial Biopsy | \$465.12 | |
| 93563 | Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Coronary Angiography During Congenital Heart Catheterization (List Separately In Addition To Code For Primary Procedure) | \$57.27 | |
| 93564 | Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Opacification Of Aortocoronary Venous Or Arterial Bypass Graft(S) (Eg, Aortocoronary Saphenous Vein, Free Radial Artery, Or | \$52.54 | |
| 93565 | Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Left Ventricular Or Left Atrial Angiography (List Separately In Addition To Code For Primary Procedure) | \$44.67 | |
| 93566 | Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Selective Right Ventricular Or Right Atrial Angiography (List Separately In Addition To Code For Primary Procedure) | \$137.08 | |
| 93567 | Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Supravalvular Aortography (List Separately In Addition To Code For Primary Procedure) | \$114.32 | |
| 93568 | Injection Procedure During Cardiac Catheterization Including Imaging Supervision, Interpretation, And Report; For Pulmonary Angiography (List Separately In Addition To Code For Primary Procedure) | \$128.97 | |
| 93569 | Injection For Selective Imaging Of Pulmonary Artery During Heart Catheterization, On One Side Of Body | \$32.69 | |
| 93571 | Ultrasound Evaluation Of Heart Blood Vessel During Diagnosis Or Treatment, Initial Vessel | \$78.25 | |
| 93572 | Ultrasound Evaluation Of Heart Blood Vessel During Diagnosis Or Treatment, Each Additional Vessel | \$51.20 | |
| 93573 | Injection For Selective Imaging Of Pulmonary Artery During Heart Catheterization, On Both Sides Of Body | \$54.49 | |
| 93574 | Injection For Selective Imaging Of Pulmonary Vein During Heart Catheterization | \$60.27 | |
| 93575 | Injection For Selective Imaging Of Major Aortopulmonary Collateral Arteries During Heart Catheterization | \$80.54 | |
| 93580 | Catheter Based Closure Of Congenital Interatrial Defect With Implant, Accessed Through The Skin | \$942.85 | |
| 93581 | Catheter Based Closure Of Congenital Heart Defect With Implant, Accessed Through The Skin | \$1,149.00 | |
| 93582 | Closure Of Congenital Heart Defect From Pulmonary (Lung) Artery To Aorta Via Catheter Accessed Through The Skin | \$541.17 | |
| 93583 | Therapy For Reduction Of Lower Heart Chamber Defect Via Catheter Accessed Through The Skin | \$642.83 | |
| 93590 | Transcatheter Closure Of Leak Adjacent To Mitral Valve Using First Closure Device | \$987.85 | |
| 93591 | Transcatheter Closure Of Leak Adjacent To Aortic Valve Using First Closure Device | \$816.25 | |
| 93592 | Transcatheter Closure Of Leak Adjacent To Heart Valve Using Additional Closure Device | \$359.58 | |
| 93593 | Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance | Price By Report | |
| 93594 | Insertion Of Catheter Into Right Side Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance | Price By Report | |
| 93595 | Insertion Of Catheter Into Left Side Of Heart For Evaluation Of Congenital Heart Defect, Using Maging Guidance | Price By Report | |
| 93596 | Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Abnormal Native Blood Vessel Connections, Using Imaging Guidance | Price By Report | |
| 93597 | Insertion Of Catheter Into Right And Left Sides Of Heart For Evaluation Of Congenital Heart Defect In Heart With Normal Native Blood Vessel Connections, Using Imaging Guidance | Price By Report | |
| 93598 | Measurement Of Output Of Blood From Heart, Performed During Cardiac Catheterization For Evaluation Of Congenital Heart Defects | Price By Report | |
| 93600 | Insertion Of Catheter For Recording Upper Heart Rhythm (Bundle Of His) | \$265.58 | |
| 93602 | Insertion Of Catheter For Recording Upper Heart Rhythm (Intra-Atrial) | \$190.08 | |
| 93603 | Right Ventricular Recording | \$225.87 | |
| 93609 | Intraventricular And/Or Intra-Atrial Mapping Of Tachycardia Site(S) With Catheter Manipulation To Record From Multiple Sites To Identify Origin Of Tachycardia (List Separately In Addition To Code For Primary Procedure) | \$638.43 | |
| 93610 | Intra-Atrial Pacing | \$254.37 | |
| 93612 | Intraventricular Pacing | \$265.11 | |
| 93613 | Intracardiac Electrophysiologic 3-Dimensional Mapping (List Separately In Addition To Code For Primary Procedure) | \$286.92 | |
| 93615 | Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) | \$62.96 | |
| 93616 | Esophageal Recording Of Atrial Electrogram With Or Without Ventricular Electrogram(S) With Pacing | \$120.71 | |
| 93618 | Induction Of Arrhythmia By Electrical Pacing | \$522.39 | |
| 93619 | Comprehensive Electrophysiologic Evaluation With Right Atrial Pacing And Recording, Right Ventricular Pacing And Recording, His Bundle Recording, Including Insertion And Repositioning Of Multiple Electrode Catheters, Without Induction Or Attempted Induc | \$969.97 | |
| 93620 | Insertion Of Catheters For Recording, Pacing, And Attempted Induction Of Abnormal Rhythm In Right Upper And Lower Heart | \$1,284.91 | |
| 93621 | Insertion Of Catheters For Recording, Pacing, And Attempted Induction Of Abnormal Rhythm In Left Upper Heart | \$4,978.87 | |
| 93622 | Insertion Of Catheters For Recording, Pacing, And Attempted Induction Of Abnormal Rhythm In Left Lower Heart | \$189.29 | |
| 93623 | Programmed Stimulation And Pacing After Intravenous Drug Infusion (List Separately In Addition To Code For Primary Procedure) | \$173.82 | |
| 93624 | Insertion Of Catheters For Assessment Of Heart Pacing, Recording, Or Attempted Induction Of Abnormal Rhythm | \$372.50 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 93631 | Intra-Operative Epicardial And Endocardial Pacing And Mapping To Localize The Site Of Tachycardia Or Zone Of Slow Conduction For Surgical Correction | \$751.35 | |
| 93640 | Electrophysiologic Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator Leads Including Defibrillation Threshold Evaluation (Induction Of Arrhythmia, Evaluation Of Sensing And Pacing For Arrhythmia Termination) At Time Of Init | \$660.48 | |
| 93641 | Electrophysiologic Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator Leads Including Defibrillation Threshold Evaluation (Induction Of Arrhythmia, Evaluation Of Sensing And Pacing For Arrhythmia Termination) At Time Of Init | \$754.88 | |
| 93642 | Evaluation Of Single Or Dual Chamber Pacing Cardioverter-Defibrillator With Programming Or Reprogramming | \$303.12 | |
| 93644 | Evaluation Implantable Defibrillator | \$184.71 | |
| 93650 | Intracardiac Catheter Ablation Of Atrioventricular Node Function, Atrioventricular Conduction For Creation Of Complete Heart Block, With Or Without Temporary Pacemaker Placement | \$573.35 | |
| 93653 | Evaluation And Insertion Of Catheters For Creation Of Complete Heart Block | \$808.97 | |
| 93654 | Evaluation And Insertion Of Catheters For Recording, Pacing, And Attempted Induction Of Abnormal Heart Rhythm | \$1,081.95 | |
| 93655 | Intracardiac Catheter Ablation Of A Discrete Mechanism Of Arrhythmia Which Is Distinct From The Primary Ablated Mechanism, Including Repeat Diagnostic Maneuvers, To Treat A Spontaneous Or Induced Arrhythmia (List Separately In Addition To Code For Primary | \$302.11 | |
| 93656 | Evaluation And Insertion Of Catheters For Recording, Pacing, And Treatment Of Abnormal Heart Rhythm | \$1,085.34 | |
| 93657 | Additional Linear Or Focal Intracardiac Catheter Ablation Of The Left Or Right Atrium For Treatment Of Atrial Fibrillation Remaining After Completion Of Pulmonary Vein Isolation (List Separately In Addition To Code For Primary Procedure) | \$301.75 | |
| 93660 | Evaluation Of Cardiovascular Function With Tilt Table Evaluation, With Continuous Ecg Monitoring And Intermittent Blood Pressure Monitoring, With Or Without Pharmacological Intervention | \$167.81 | |
| 93662 | Intracardiac Echocardiography During Therapeutic/Diagnostic Intervention, Including Imaging Supervision And Interpretation (List Separately In Addition To Code For Primary Procedure) | \$153.46 | |
| 93668 | Peripheral Arterial Disease (Pad) Rehabilitation Per Session | \$13.19 | |
| 93701 | Bioimpedance-Derived Physiologic Cardiovascular Analysis | \$26.28 | |
| 93724 | Electronic Analysis Of Anti-tachycardia Pacemaker System (Includes Electrocardiographic Recording, Programming Of Device, Induction And Termination Of Tachycardia Via Implanted Pacemaker, And Interpretation Of Recordings) | \$300.35 | |
| 93740 | Temperature Gradient Studies | \$0.01 | |
| 93745 | Initial Set-Up And Programming By A Physician Or Other Qualified Health Care Professional Of Wearable Cardioverter-Defibrillator Includes Initial Programming Of System, Establishing Baseline Electronic Ecg, Transmission Of Data To Data Repository, Pat | Price By Report | |
| 93750 | Interrogation Of Ventricular Assist Device (Vad), In Person, With Physician Or Other Qualified Health Care Professional Analysis Of Device Parameters (Eg, Drivelines, Alarms, Power Surges), Review Of Device Function (Eg, Flow And Volume Status, Septum Status | \$51.17 | |
| 93770 | Determination Of Venous Pressure | \$0.01 | |
| 93784 | Ambulatory Blood Pressure Monitoring, 24 Hours Or Longer, With Recording, Scanning Analysis, Interpretation, And Report | \$48.34 | |
| 93786 | Ambulatory Blood Pressure Monitoring, 24 Hours Or Longer, With Recording Only | \$24.11 | |
| 93788 | Ambulatory Blood Pressure Monitoring, 24 Hours Or Longer, With Scanning Analysis And Report | \$5.21 | |
| 93790 | Ambulatory Blood Pressure Monitoring, 24 Hours Or Longer, Review With Interpretation And Report | \$19.03 | |
| 93797 | Physician Or Other Qualified Health Care Professional Services For Outpatient Cardiac Rehabilitation; Without Continuous Ecg Monitoring (Per Session) | \$15.60 | |
| 93798 | Physician Or Other Qualified Health Care Professional Services For Outpatient Cardiac Rehabilitation; With Continuous Ecg Monitoring (Per Session) | \$24.43 | |
| 93799 | Unlisted Cardiovascular Service Or Procedure | Price By Report | |
| 93880 | Duplex Scan Of Extracranial Arteries; Complete Bilateral Study | \$206.92 | |
| 93882 | Duplex Scan Of Extracranial Arteries; Unilateral Or Limited Study | \$134.62 | |
| 93886 | Transcranial Doppler Study Of The Intracranial Arteries; Complete Study | \$192.60 | |
| 93888 | Transcranial Doppler Study Of The Intracranial Arteries; Limited Study | \$171.77 | |
| 93890 | Transcranial Doppler Study Of The Intracranial Arteries; Vasoreactivity Study | \$268.09 | |
| 93892 | Transcranial Doppler Study Of The Intracranial Arteries; Emboli Detection Without Intravenous Microbubble Injection | \$169.06 | |
| 93893 | Transcranial Doppler Study Of The Intracranial Arteries; Emboli Detection With Intravenous Microbubble Injection | \$169.47 | |
| 93922 | Ultrasound Study Of Arteries Of Both Arms And Legs, Limited | \$87.84 | |
| 93923 | Ultrasound Study Of Arteries Of Both Arms And Legs, Complete | \$137.39 | |
| 93924 | Noninvasive Physiologic Studies Of Lower Extremity Arteries, At Rest And Following Treadmill Stress Testing, (Ie, Bidirectional Doppler Waveform Or Volume Plethysmography Recording And Analysis At Rest With Ankle/Brachial Indices Immediately After An | \$119.53 | |
| 93925 | Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study | \$173.10 | |
| 93926 | Duplex Scan Of Lower Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study | \$149.72 | |
| 93930 | Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Complete Bilateral Study | \$163.46 | |
| 93931 | Duplex Scan Of Upper Extremity Arteries Or Arterial Bypass Grafts; Unilateral Or Limited Study | \$134.24 | |
| 93970 | Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Complete Bilateral Study | \$177.72 | |
| 93971 | Duplex Scan Of Extremity Veins Including Responses To Compression And Other Maneuvers; Unilateral Or Limited Study | \$129.02 | |
| 93975 | Ultrasound Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow | \$232.34 | |
| 93976 | Ultrasound Limited Scan Of Abdominal, Pelvic, And/Or Scrotal Arterial Inflow And Venous Outflow | \$83.20 | |
| 93978 | Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature, Or Bypass Grafts; Complete Study | \$194.71 | |
| 93979 | Ultrasound Scan Of Blood Flow Of Aorta, Vena Cava, Bypass Grafts, Or One Side Of The Groin Or Limited Scan | \$126.61 | |
| 93980 | Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Complete Study | \$111.10 | |
| 93981 | Duplex Scan Of Arterial Inflow And Venous Outflow Of Penile Vessels; Follow-Up Or Limited Study | \$67.05 | |
| 93985 | Ultrasound Scan Of Blood Flow In Extremity On Both Sides Of Body For Preoperative Assessment Of Blood Vessel For Dialysis Access | \$280.69 | |
| 93986 | Ultrasound Scan Of Blood Flow In Extremity On One Side For Preoperative Assessment Of Blood Vessel For Dialysis Access | \$141.37 | |
| 93990 | Duplex Scan Of Hemodialysis Access (Including Arterial Inflow, Body Of Access And Venous Outflow) | \$118.55 | |
| 93998 | Unlisted Noninvasive Vascular Diagnostic Study | Price By Report | |
| 94002 | Ventilation Assistance And Management, Hospital Inpatient Or Observation, Initial Day | \$94.20 | |
| 94003 | Ventilation Assistance And Management, Hospital Inpatient Or Observation, Each Subsequent Day | \$66.43 | |
| 94005 | Evaluation Of Home Ventilator Management Care Plan, 30 Minutes Or More | \$80.71 | |
| 94010 | Spirometry, Including Graphic Record, Total And Timed Vital Capacity, Expiratory Flow Rate Measurement(S), With Or Without Maximal Voluntary Ventilation | \$28.23 | |
| 94011 | Measurement And Graphic Recording Of Total And Timed Exhaled Air Capacity, Infant Or Child Through 2 Years Of Age | \$79.74 | |
| 94012 | Measurement And Graphic Recording Of Total And Timed Exhaled Air Capacity Before And After Medication Administration, Infant Or Child Through 2 Years Of Age | \$130.14 | |
| 94013 | Measurement Of Remaining Air Or Lung Capacity After Exhalation, Infant Or Child Through 2 Years Of Age | \$17.79 | |
| 94014 | Measurement And Graphic Recording Of Amount And Speed Of Breathed Air Including Transmission Of Tracing, Analysis, Recalibration Of Device, Physician Review And Interpretation Over 30 Days | \$52.33 | |
| 94015 | Patient Initiated Spirometric Recording Per 30 Day Period Of Time; Recording (Includes Hook-Up, Reinforced Education, Data Transmission, Data Capture, Trend Analysis, And Periodic Recalibration) | \$29.22 | |
| 94016 | Patient-Initiated Spirometric Recording Per 30-Day Period Of Time; Review And Interpretation Only By A Physician Or Other Qualified Health Care Professional | \$23.11 | |
| 94060 | Measurement And Graphic Recording Of The Amount And Speed Of Breathed Air, Before And Following Medication Administration | \$41.32 | |
| 94070 | Multiple Measurements And Graphic Recordings Of The Amount And Speed Of Breathed Air, Before And Following Medication Administration | \$65.43 | |
| 94150 | Vital Capacity, Total (Separate Procedure) | \$0.01 | |
| 94200 | Maximum Breathing Capacity, Maximal Voluntary Ventilation | \$14.29 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 94375 | Respiratory Diagnostic Testing (Flow Volume Loop) | \$37.16 | |
| 94450 | Breathing Response To Hypoxia (Hypoxia Response Curve) | \$73.94 | |
| 94452 | High Altitude Simulation Test (Hast), With Interpretation And Report By A Physician Or Other Qualified Health Care Professional; | \$47.00 | |
| 94453 | High Altitude Simulation Test (Hast), With Interpretation And Report By A Physician Or Other Qualified Health Care Professional; With Supplemental Oxygen Titration | \$63.79 | |
| 94610 | Intrapulmonary Surfactant Administration By A Physician Or Other Qualified Health Care Professional Through Endotracheal Tube | \$56.73 | |
| 94617 | Exercise Test For Spasm Of Lung Airways With Ekg | \$93.77 | |
| 94618 | Test For Exercise-Induced Lung Stress | \$35.86 | |
| 94619 | Exercise Test For Spasm Of Lung Airways | \$68.76 | |
| 94621 | Test For Exercise-Induced Heart And Lung Stress | \$172.54 | |
| 94625 | Professional Services For Outpatient Pulmonary Rehabilitation, Per Session | \$51.98 | |
| 94626 | Professional Services For Outpatient Pulmonary Rehabilitation With Continuous Monitoring Of Blood Oxygen, Per Session | \$69.37 | |
| 94640 | Respiratory Inhaled Pressure Or Nonpressure Treatment To Relieve Airway Obstruction Or For Sputum Specimen | \$11.75 | |
| 94642 | Aerosol Inhalation Of Pentamidine For Pneumocystis Carinii Pneumonia Treatment Or Prophylaxis | \$25.81 | |
| 94644 | Respiratory Inhaled Aerosol Treatment To Relieve Airway Obstruction, First Hour | \$59.30 | |
| 94645 | Continuous Inhalation Treatment With Aerosol Medication For Acute Airway Obstruction; Each Additional Hour | \$15.16 | |
| 94660 | Continuous Positive Airway Pressure Ventilation (Cpap), Initiation And Management | \$59.99 | |
| 94662 | Continuous Negative Pressure Ventilation (Cnp), Initiation And Management | \$32.84 | |
| 94664 | Demonstration And/Or Evaluation Of Patient Use Of Aerosol Generator, Nebulizer, Metered Dose Inhaler Or Intermittent Positive Pressure Breathing (Ippb) Device | \$15.62 | |
| 94667 | Manipulation Chest Wall, Such As Cupping, Percussing, And Vibration To Facilitate Lung Function Initial Demonstration And/Or Evaluation | \$21.08 | |
| 94668 | Manipulation Chest Wall, Such As Cupping, Percussing, And Vibration To Facilitate Lung Function Subsequent | \$33.59 | |
| 94669 | Mechanical Chest Wall Manipulation For Improvement In Lung Function | \$17.56 | |
| 94680 | Oxygen Uptake, Expired Gas Analysis Rest And Exercise, Direct, Simple | \$42.12 | |
| 94681 | Oxygen Uptake, Expired Gas Analysis Including Co2 Output, Percentage Oxygen Extracted | \$51.48 | |
| 94690 | Oxygen Uptake, Expired Gas Analysis Rest, Indirect (Separate Procedure) | \$30.38 | |
| 94726 | Plethysmography For Determination Of Lung Volumes And, When Performed, Airway Resistance | \$57.79 | |
| 94727 | Gas Dilution Or Washout For Determination Of Lung Volumes And, When Performed, Distribution Of Ventilation And Closing Volumes | \$46.40 | |
| 94728 | Measurement Of Airway Resistance By Impulse Oscillometry | \$37.84 | |
| 94729 | Diffusing Capacity (Eg, Carbon Monoxide, Membrane) (List Separately In Addition To Code For Primary Procedure) | \$62.39 | |
| 94760 | Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation Single Determination | \$2.42 | |
| 94761 | Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation Multiple Determinations (Eg, During Exercise) | \$3.39 | |
| 94762 | Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation By Continuous Overnight Monitoring (Separate Procedure) | \$28.11 | |
| 94772 | Measurement And Recording Of Breathing Pattern Over 12-24 Hours, Infant | \$74.35 | |
| 94774 | Pediatric Home Monitoring Of Breathing Pauses During Sleep, Including Breathing And Heart Rate, 30-Day Time Period, With Physician Interpretation And Report | Price By Report | |
| 94775 | Attachment And Disconnection Of Pediatric Home Monitoring Device For Detection Of Breathing Pauses During Sleep, 30-Day Time Period | Price By Report | |
| 94776 | Pediatric Home Monitoring Of Breathing Pauses During Sleep, Including Breathing And Heart Rate, Receipt Of Transmissions And Computer Analysis, 30-Day Time Period | Price By Report | |
| 94777 | Pediatric Home Monitoring Of Breathing Pauses During Sleep, Including Breathing And Heart Rate, Physician Review And Interpretation, 30-Day Time Period | \$29.99 | |
| 94780 | Car Seat Or Bed Airway Testing Of Infant 1 Year Or Less, 60 Minutes | \$48.86 | |
| 94799 | Unlisted Pulmonary Service Or Procedure | Price By Report | |
| 95004 | Injection Of Allergenic Extracts Into Skin, Accessed Through The Skin | \$4.13 | |
| 95012 | Nitric Oxideexpired Gas Determination | \$20.02 | |
| 95017 | Allergy Testing With Venoms Into Or Within Skin, Immediate Type Reaction, Including Test Interpretation And Report | \$9.21 | |
| 95018 | Allergy Testing With Drugs Or Biologicals Into Or Within The Skin, Immediate Type Reaction, Including Test Interpretation And Report | \$21.92 | |
| 95024 | Intracutaneous (Intradermal) Tests With Allergenic Extracts, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests | \$7.27 | |
| 95027 | Intracutaneous (Intradermal) Tests, Sequential And Incremental, With Allergenic Extracts For Airborne Allergens, Immediate Type Reaction, Including Test Interpretation And Report, Specify Number Of Tests | \$4.68 | |
| 95028 | Intracutaneous (Intradermal) Tests With Allergenic Extracts, Delayed Type Reaction, Including Reading, Specify Number Of Tests | \$8.96 | |
| 95044 | Patch Or Application Test(S) (Specify Number Of Tests) | \$5.21 | |
| 95052 | Application Of Allergenic Extract Skin Patch, Exposure To Ultraviolet Light, And Reaction Analysis | \$6.01 | |
| 95056 | Photo Tests | \$47.21 | |
| 95060 | Ophthalmic Mucous Membrane Tests | \$35.11 | |
| 95065 | Direct Nasal Mucous Membrane Test | \$25.95 | |
| 95070 | Inhalation Of Medications With Allergic Reaction Analysis | \$37.67 | |
| 95076 | Ingestion Of Test Items For Allergies, 120 Minutes | \$125.88 | |
| 95079 | Ingestion Challenge Test (Sequential And Incremental Ingestion Of Test Items, Eg, Food, Drug Or Other Substance); Each Additional 60 Minutes Of Testing (List Separately In Addition To Code For Primary Procedure) | \$88.57 | |
| 95115 | Professional Services For Allergen Immunotherapy Not Including Provision Of Allergenic Extracts Single Injection | \$9.93 | |
| 95117 | Injection Of Incremental Dosages Of Allergen, 2 Or More Injections | \$12.12 | |
| 95144 | Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy; Single Dose Vial(S) (Specify Number Of Vials) | \$16.14 | |
| 95145 | Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Single Stinging Insect Venom | \$33.14 | |
| 95146 | Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Two Single Stinging Insect Venoms | \$44.69 | |
| 95147 | Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Three Single Stinging Insect Venoms | \$58.65 | |
| 95148 | Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Four Single Stinging Insect Venoms | \$87.10 | |
| 95149 | Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy (Specify Number Of Doses); Five Single Stinging Insect Venoms | \$104.72 | |
| 95165 | Professional Services For The Supervision Of Preparation And Provision Of Antigens For Allergen Immunotherapy; Single Or Multiple Antigens (Specify Number Of Doses) | \$12.03 | |
| 95170 | Professional Services For The Supervision And Provision Of Antigens For Allergen Immunotherapy; Whole Body Extract Of Biting Insect Or Other Arthropod (Specify Number Of Doses) | \$10.91 | |
| 95180 | Rapid Desensitization Procedure, Each Hour | \$128.56 | |
| 95199 | Unlisted Allergy/Clinical Immunologic Service Or Procedure | Price By Report | |
| 95249 | Continuous Monitoring Of Glucose In Tissue Fluid Using Sensor Under Skin | \$55.71 | PA Required |
| 95250 | Ambulatory Continuous Glucose (Sugar) Monitoring For A Minimum Of 72 Hours | \$140.40 | PA Required |
| 95251 | Ambulatory Continuous Glucose (Sugar) Including Interpretation And Report For A Minimum Of 72 Hours | \$36.11 | |
| 95700 | Measurement Of Brain Wave Activity (Eeg), Continuous | \$246.99 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|------------|-------------------|
| 95705 | Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, Unmonitored | \$222.24 | |
| 95706 | Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, With Intermittent Monitoring And Maintenance | \$361.43 | |
| 95707 | Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, With Continuous, Real-Time Monitoring And Maintenance | \$377.95 | |
| 95708 | Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, Unmonitored | \$277.88 | |
| 95709 | Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, With Intermittent Monitoring And Maintenance | \$694.92 | |
| 95710 | Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, With Continuous, Real-Time Monitoring And Maintenance | \$882.22 | |
| 95711 | Measurement Of Brain Wave Activity With Video (Veeg), 2-12 Hours, Unmonitored | \$222.24 | |
| 95712 | Measurement Of Brain Wave Activity With Video (Veeg), 2-12 Hours With Intermittent Monitoring And Maintenance | \$417.06 | |
| 95713 | Measurement Of Brain Wave Activity With Video (Veeg), 2-12 Hours With Continuous, Real-Time Monitoring And Maintenance | \$504.05 | |
| 95714 | Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, Unmonitored | \$277.88 | |
| 95715 | Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, With Intermittent Monitoring And Maintenance | \$778.00 | |
| 95716 | Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, With Continuous, Real-Time Monitoring And Maintenance | \$1,071.02 | |
| 95717 | Continuous Measurement Of Brain Wave Activity (Eeg), 2-12 Hours, With Health Care Professional Analysis, Interpretation And Report | \$106.26 | |
| 95718 | Continuous Measurement Of Brain Wave Activity With Video (Veeg), 2-12 Hours, With Health Care Professional Analysis, Interpretation And Report | \$139.47 | |
| 95719 | Continuous Measurement Of Brain Wave Activity (Eeg), 12-26 Hours, With Health Care Professional Analysis, Interpretation And Report | \$163.95 | |
| 95720 | Continuous Measurement Of Brain Wave Activity With Video (Veeg), 12-26 Hours, With Health Care Professional Analysis, Interpretation And Report | \$215.82 | |
| 95721 | Continuous Measurement Of Brain Wave Activity (Eeg), 37-60 Hours, With Health Care Professional Analysis, Interpretation And Report | \$217.73 | |
| 95722 | Continuous Measurement Of Brain Wave Activity With Video (Veeg), 37-60 Hours, With Health Care Professional Analysis, Interpretation And Report | \$263.96 | |
| 95723 | Continuous Measurement Of Brain Wave Activity (Eeg), 61-84 Hours, With Health Care Professional Analysis, Interpretation And Report | \$238.02 | |
| 95724 | Continuous Measurement Of Brain Wave Activity With Video (Veeg), 61-84 Hours, With Health Care Professional Analysis, Interpretation And Report | \$337.24 | |
| 95725 | Continuous Measurement Of Brain Wave Activity With (Eeg), More Than 84 Hours, With Health Care Professional Analysis, Interpretation And Report | \$273.59 | |
| 95726 | Continuous Measurement Of Brain Wave Activity With Video (Veeg), More Than 84 Hours, With Health Care Professional Analysis, Interpretation And Report | \$426.13 | |
| 95782 | Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist | \$1,008.38 | |
| 95783 | Polysomnography; Younger Than 6 Years, Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bi-Level Ventilation, Attended By A Technologist | \$1,068.09 | |
| 95805 | Multiple Sleep Latency Or Maintenance Of Wakefulness Testing, Recording, Analysis And Interpretation Of Physiological Measurements Of Sleep During Multiple Trials To Assess Sleepiness | \$333.85 | |
| 95806 | Unattended Sleep Study With Recording Of Heart Rate, Oxygen, Respiratory Airflow And Effort | \$96.68 | |
| 95807 | Sleep Study, Simultaneous Recording Of Ventilation, Respiratory Effort, Ecg Or Heart Rate, And Oxygen Saturation, Attended By A Technologist | \$311.43 | |
| 95808 | Polysomnography; Any Age, Sleep Staging With 1-3 Additional Parameters Of Sleep, Attended By A Technologist | \$644.00 | |
| 95810 | Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, Attended By A Technologist | \$648.22 | |
| 95811 | Polysomnography; Age 6 Years Or Older, Sleep Staging With 4 Or More Additional Parameters Of Sleep, With Initiation Of Continuous Positive Airway Pressure Therapy Or Bilevel Ventilation, Attended By A Technologist | \$676.69 | |
| 95812 | Measurement Of Brain Wave (Eeg) Activity, 41-60 Minutes | \$284.55 | |
| 95813 | Measurement Of Brain Wave Activity (Eeg) Extended Monitoring, 61-119 Minutes | \$342.17 | |
| 95816 | Measurement And Recording Of Brain Wave (Eeg) Activity, Awake And Drowsy | \$270.54 | |
| 95819 | Measurement And Recording Of Brain Wave (Eeg) Activity, Awake And Asleep | \$317.64 | |
| 95822 | Measurement And Recording Of Brain Wave (Eeg) Activity, In Coma Or Asleep | \$295.01 | |
| 95824 | Measurement And Recording Of Brain Wave (Eeg) Activity, Cerebral Death Evaluation | \$65.99 | |
| 95829 | Electrocorticogram At Surgery (Separate Procedure) | \$1,761.28 | |
| 95830 | Insertion By Physician Or Other Qualified Health Care Professional Of Sphenoidal Electrodes For Electroencephalographic (Eeg) Recording | \$699.56 | |
| 95836 | Recording Of Brain Cortex Electrical Responses To Implanted Stimulation Device With Interpretation And Report | \$98.30 | |
| 95851 | Range Of Motion Testing Of Arm, Leg Or Each Spine Section | \$19.73 | |
| 95852 | Range Of Motion Measurements And Report (Separate Procedure); Hand, With Or Without Comparison With Normal Side | \$16.46 | |
| 95857 | Cholinesterase Inhibitor Challenge Test For Myasthenia Gravis | \$60.30 | |
| 95860 | Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm Or Leg, 1 Extremity | \$105.25 | |
| 95861 | Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm(S) Or Leg(S), 2 Extremities | \$144.54 | |
| 95863 | Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm(S) Or Leg(S), 3 Extremities | \$207.39 | |
| 95864 | Needle Measurement And Recording Of Electrical Activity Of Muscles Of Arm(S) Or Leg(S), 4 Extremities | \$231.48 | |
| 95865 | Needle Electromyography; Larynx | \$147.42 | |
| 95866 | Needle Electromyography; Hemidiaphragm | \$114.32 | |
| 95867 | Needle Electromyography; Cranial Nerve Supplied Muscle(S), Unilateral | \$104.57 | |
| 95868 | Needle Electromyography; Cranial Nerve Supplied Muscles, Bilateral | \$131.63 | |
| 95869 | Needle Electromyography; Thoracic Paraspinal Muscles (Excluding T1 Or T12) | \$96.48 | |
| 95870 | Needle Measurement And Recording Of Electrical Activity Of Muscles In Arm Or Leg Or Muscles In Trunk Or Head, Limited Study | \$61.16 | |
| 95872 | Needle Electromyography Using Single Fiber Electrode, With Quantitative Measurement Of Jitter, Blocking And/Or Fiber Density, Any/All Sites Of Each Muscle Studied | \$202.60 | |
| 95873 | Electrical Stimulation For Guidance In Conjunction With Chemodenervation (List Separately In Addition To Code For Primary Procedure) | \$54.51 | |
| 95874 | Needle Electromyography For Guidance In Conjunction With Chemodenervation (List Separately In Addition To Code For Primary Procedure) | \$57.16 | |
| 95875 | Ischemic Limb Exercise Test With Serial Specimen(S) Acquisition For Muscle(S) Metabolite(S) | \$132.47 | |
| 95885 | Needle Electromyography, Each Extremity, With Related Paraspinal Areas, When Performed, Done With Nerve Conduction, Amplitude And Latency/Velocity Study; Limited (List Separately In Addition To Code For Primary Procedure) | \$69.53 | |
| 95886 | Needle Electromyography, Each Extremity, With Related Paraspinal Areas, When Performed, Done With Nerve Conduction, Amplitude And Latency/Velocity Study; Complete, Five Or More Muscles Studied, Innervated By Three Or More Nerves Or Four Or More Spinal Levels (| \$105.48 | |
| 95887 | Needle Electromyography, Non-Extremity (Cranial Nerve Supplied Or Axial) Muscle(S) Done With Nerve Conduction, Amplitude And Latency/Velocity Study (List Separately In Addition To Code For Primary Procedure) | \$89.11 | |
| 95905 | Needle Measurement And Recording Of Movement And/Or Feeling Of Arm Or Leg With Interpretation And Report | \$36.86 | |
| 95907 | Nerve Transmission Studies, 1-2 Studies | \$97.65 | |
| 95908 | Nerve Transmission Studies, 3-4 Studies | \$121.76 | |
| 95909 | Nerve Transmission Studies, 5-6 Studies | \$145.99 | |
| 95910 | Nerve Transmission Studies, 7-8 Studies | \$190.94 | |
| 95911 | Nerve Transmission Studies, 9-10 Studies | \$229.94 | |
| 95912 | Nerve Transmission Studies, 11-12 Studies | \$267.62 | |
| 95913 | Nerve Transmission Studies, 13 Or More Studies | \$309.42 | |
| 95919 | Measurement Of Pupil With Healthcare Professional Interpretation And Report | \$13.64 | |
| 95921 | Testing Of Autonomic For Heart Rate Response To Deep Breathing | \$85.27 | |
| 95922 | Testing Of Autonomic Nervous System Function; Vasomotor Adrenergic Innervation (Sympathetic Adrenergic Function), Including Beat-To-Beat Blood Pressure And R-R Interval Changes During Valsalva Maneuver And At Least Five Minutes Of Passive Tilt | \$97.16 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| | Testing Of Autonomic Nervous System Function; Sudomotor, Including One Or More Of The Following: Quantitative Sudomotor Axon Reflex Test (Qsart), Silastic Sweat Imprint, Thermoregulatory Sweat Test, And Changes In Sympathetic Skin Potential | \$135.57 | |
| 95923 | Testing Of Autonomic (Sympathetic) Nervous System Function, At Least 5 Minutes Of Tilt | \$159.45 | |
| 95925 | Nervous System; In Upper Limbs | \$177.83 | |
| 95926 | Nervous System; In Lower Limbs | \$154.06 | |
| 95927 | Nervous System; In The Trunk Or Head | \$150.11 | |
| 95928 | Central Motor Evoked Potential Study (Transcranial Motor Stimulation); Upper Limbs | \$228.42 | |
| 95929 | Central Motor Evoked Potential Study (Transcranial Motor Stimulation); Lower Limbs | \$235.17 | |
| 95930 | Measurement And Recording Of Nerve Conduction Patterns Using Visually-Evoked Stimulation | \$70.01 | |
| 95933 | Orbicularis Oculi (Blink) Reflex, By Electrodiagnostic Testing | \$81.67 | |
| 95937 | Neuromuscular Junction Testing (Repetitive Stimulation, Paired Stimuli), Each Nerve, Any One Method | \$75.72 | |
| | Short-Latency Somatosensory Evoked Potential Study, Stimulation Of Any/All Peripheral Nerves Or Skin Sites, Recording From The Central Nervous System; In Upper And Lower Limbs | \$389.81 | |
| 95938 | Insertion Of Needles And Skin Electrodes For Measurement And Recording Of Stimulated Sites In The Arms And Legs (Brain Motor Stimulation) | \$588.37 | |
| 95939 | Continuous Monitoring Of Nervous System During Operation, Each 15 Minutes | \$33.57 | |
| 95940 | Continuous Monitoring Of Nervous System During Operation, Per Hour | Price By Report | |
| | Pharmacological Or Physical Activation Requiring Physician Or Other Qualified Health Care Professional Attendance During Eeg Recording Of Activation Phase (Eg, Thiopental Activation Test) | \$389.69 | |
| 95954 | Electroencephalogram (Eeg) During Nonintra Cranial Surgery (Eg, Carotid Surgery) | \$174.39 | |
| 95955 | Digital Analysis Of Electroencephalogram (Eeg) (Eg, For Epileptic Spike Analysis) | \$249.69 | |
| 95957 | Wada Activation Test For Hemispheric Function, Including Electroencephalographic (Eeg) Monitoring | \$605.34 | |
| 95958 | Mapping Of Electrical Brain Wave Activity (Eeg) Using Electrodes On Brain Surface To Provoke Seizure Activity Or Assess Brain Function, First Hour | \$308.31 | |
| 95961 | Functional Cortical And Subcortical Mapping By Stimulation And/Or Recording Of Electrodes On Brain Surface, Or Of Depth Electrodes, To Provoke Seizures Or Identify Vital Brain Structures; Each Additional Hour Of Attendance By A Physician Or Other Qualified | \$252.91 | |
| 95962 | Magnetoencephalography (Meg), Recording And Analysis; For Spontaneous Brain Magnetic Activity (Eg, Epileptic Cerebral Cortex Localization) | \$426.17 | PA Required |
| 95965 | Measurement And Recording Of Externally Evoked Brain Processing Function Using Magnetic Fields, Single Method | \$216.05 | PA Required |
| 95966 | Measurement And Recording Of Externally Evoked Brain Processing Function Using Magnetic Fields, Each Additional Method | \$188.90 | PA Required |
| 95967 | Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Simple Spinal Cord Or Peripheral Nerve Stimulator Programming | \$19.40 | |
| 95970 | Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Simple Spinal Cord Or Peripheral Nerve Stimulator Programming | \$50.43 | PA Required |
| 95971 | Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Complex Spinal Cord Or Peripheral Nerve Stimulator Programming | \$57.82 | |
| 95972 | Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Simple Cranial Nerve Stimulator Programming | \$41.34 | |
| 95976 | Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Complex Cranial Nerve Stimulator Programming | \$54.67 | |
| 95977 | Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements) Gastric Neuros | \$39.76 | |
| 95980 | Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements) Gastric Neuros | \$35.89 | |
| 95981 | Electronic Analysis Of Implanted Neurostimulator Pulse Generator System (Eg, Rate, Pulse Amplitude And Duration, Configuration Of Wave Form, Battery Status, Electrode Selectability, Output Modulation, Cycling, Impedance And Patient Measurements) Gastric Neuros | \$54.22 | |
| 95982 | Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Brain Stimulator Programming, First 15 Minutes Face-To-Face Time With Qualified Health Care Professional | \$52.13 | |
| 95983 | Electronic Analysis Of Implanted Brain, Spinal Cord Or Peripheral Stimulation Device With Brain Stimulator Programming, Additional 15 Minutes Face-To-Face Time With Qualified Health Care Professional | \$37.79 | |
| 95984 | Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Spinal (Intrathecal, Epidural) Or Brain (Intraventricular), Includes Electronic Analysis Of Pump, When Performed; | \$87.12 | |
| 95990 | Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Spinal (Intrathecal, Epidural) Or Brain (Intraventricular), Includes Electronic Analysis Of Pump, When Performed; Requiring Skill Of A Physician Or Other Qualified Health Care Profes | \$104.69 | |
| 95991 | Repositioning Maneuvers For Treatment Of Vertigo, Per Day | \$45.56 | |
| 95992 | Unlisted Neurological Or Neuromuscular Diagnostic Procedure | Price By Report | |
| 95999 | Three-Dimensional, Video-Taped, Computer-Based Gait Analysis | \$80.17 | |
| 96000 | Three-Dimensional, Video-Taped, Computer-Based Gait Analysis During Walking | \$103.64 | |
| 96001 | Dynamic Surface Electromyography, During Walking Or Other Functional Activities, 1-12 Muscles | \$20.08 | |
| 96002 | Dynamic Fine Wire Electromyography, During Walking Or Other Functional Activities, 1 Muscle | \$15.81 | |
| 96003 | Review And Interpretation By Physician Or Other Qualified Health Care Professional Of Comprehensive Computer-Based Motion Analysis, Dynamic Plantar Pressure Measurements, Dynamic Surface Electromyography During Walking Or Other Functional Activities, And D | \$113.46 | |
| 96004 | Neurofunctional Testing Selection And Administration During Noninvasive Imaging Functional Brain Mapping, With Test Administered Entirely By A Physician Or Other Qualified Health Care Professional (Ie, Psychologist), With Review Of Test Results And Report | \$172.40 | |
| 96020 | Assessment Of Aphasia (Includes Assessment Of Expressive And Receptive Speech And Language Function, Language Comprehension, Speech Production Ability, Reading, Spelling, Writing, Eg, By Boston Diagnostic Aphasia Examination) With Interpretation And Report, P | \$92.38 | |
| 96105 | Developmental Screening | \$6.24 | |
| 96110 | Developmental Test Administration By Qualified Health Care Professional With Interpretation And Report, First 60 Minutes | \$146.58 | |
| 96112 | Developmental Test Administration By Qualified Health Care Professional With Interpretation And Report, Additional 30 Minutes | \$65.46 | |
| 96113 | Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, First 60 Minutes | \$112.22 | |
| 96116 | Neurobehavioral Status Examination By Qualified Health Care Professional With Interpretation And Report, Additional 60 Minutes | \$88.80 | |
| 96121 | Standardized Thought Processing Testing, Interpretation, And Report Per Hour | \$105.93 | |
| 96125 | Brief Emotional Or Behavioral Assessment | \$6.24 | |
| 96127 | Psychological Testing Evaluation By Qualified Health Care Professional, First 60 Minutes | \$112.22 | |
| 96130 | Psychological Testing Evaluation By Qualified Health Care Professional, Additional 60 Minutes | \$112.22 | |
| 96131 | Neuropsychological Testing Evaluation By Qualified Health Care Professional, First 60 Minutes | \$112.22 | |
| 96132 | Neuropsychological Testing Evaluation By Qualified Health Care Professional, Additional 60 Minutes | \$112.22 | |
| 96133 | Psychological Or Neuropsychological Test Administration And Scoring By Qualified Health Care Professional, First 30 Minutes | \$56.12 | |
| 96136 | Psychological Or Neuropsychological Test Administration And Scoring By Qualified Health Care Professional, Additional 30 Minutes | \$56.12 | |
| 96137 | Administration And Interpretation Of Caregiver-Focused Health Risk Assessment | \$11.71 | |
| 96161 | Intravenous Infusion, Hydration; Initial, 31 Minutes To 1 Hour | \$36.23 | |
| 96360 | Intravenous Infusion, Hydration; Each Additional Hour (List Separately In Addition To Code For Primary Procedure) | \$13.57 | |
| 96361 | Infusion Into A Vein For Therapy, Prevention, Or Diagnosis Up To 1 Hour | \$72.00 | |
| 96365 | Infusion Into A Vein For Therapy, Prevention, Or Diagnosis | \$22.59 | |
| 96366 | Drug/Substance, Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) | \$31.87 | |
| 96367 | Infusion Into A Vein For Therapy, Prevention, Or Diagnosis, Concurrent With Another Infusion | \$20.97 | |
| 96368 | Subcutaneous Infusion For Therapy Or Prophylaxis (Specify Substance Or Drug); Initial, Up To 1 Hour, Including Pump Set-Up And Establishment Of Subcutaneous Infusion Site(S) | \$139.22 | |
| 96369 | | | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 96370 | Infusion Into Tissue For Therapy Or Prevention, Beneath The Skin | \$14.51 | |
| 96371 | Infusion For Therapy Or Prevention, Beneath The Skin | \$56.57 | |
| 96372 | Injection Beneath The Skin Or Into Muscle For Therapy, Diagnosis, Or Prevention | \$11.14 | |
| 96373 | Injection Into Artery For Therapy, Diagnosis, Or Prevention | \$17.13 | |
| 96374 | Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention | \$41.67 | |
| 96375 | Injection Of Different Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention | \$16.84 | |
| 96376 | Injection Of Drug Or Substance Into A Vein For Therapy, Diagnosis, Or Prevention, In A Facility | Price By Report | |
| 96377 | Application Of On-Body Injector For Injection Under Skin | \$20.01 | |
| 96379 | Injection Or Infusion Into A Vein Or Artery For Therapy, Prevention, Or Diagnosis | Price By Report | |
| 96401 | Chemotherapy Administration, Subcutaneous Or Intramuscular; Non-Hormonal Anti-Neoplastic | \$72.39 | |
| 96402 | Chemotherapy Administration, Subcutaneous Or Intramuscular; Hormonal Anti-Neoplastic | \$35.13 | |
| 96405 | Chemotherapy Into A Lesion, Up To And Including 7 Lesions | \$59.57 | |
| 96406 | Chemotherapy Into A Lesion, More Than 7 Lesions | \$94.11 | |
| 96409 | Chemotherapy Administration; Intravenous, Push Technique, Single Or Initial Substance/Drug | \$111.47 | |
| 96411 | Chemotherapy Administration; Intravenous, Push Technique, Each Additional Substance/ Drug (List Separately In Addition To Code For Primary Procedure) | \$60.83 | |
| 96413 | Chemotherapy Administration, Intravenous Infusion Technique; Up To 1 Hour, Single Or Initial Substance/Drug | \$145.03 | |
| 96415 | Chemotherapy Administration, Intravenous Infusion Technique; Each Additional Hour, 1 To 8 Hours (List Separately In Addition To Code For Primary Procedure) | \$30.78 | |
| 96416 | Chemotherapy Administration, Intravenous Infusion Technique; Initiation Of Prolonged Chemotherapy Infusion (More Than 8 Hours), Requiring Use Of A Portable Or Implantable Pump | \$142.36 | |
| 96417 | Chemotherapy Administration, Intravenous Infusion Technique; Each Additional Sequential Infusion (Different Substance/ Drug), Up To 1 Hour (List Separately In Addition To Code For Primary Procedure) | \$70.63 | |
| 96420 | Chemotherapy Administration, Intra-Arterial Push Technique | \$102.94 | |
| 96422 | Chemotherapy Administration, Intra-Arterial; Infusion Technique, Up To One Hour | \$157.12 | |
| 96423 | Chemotherapy Administration, Intra-Arterial; Infusion Technique, Each Additional Hour Up To 8 Hours (List Separately In Addition To Code For Primary Procedure) | \$72.51 | |
| 96425 | Prolonged Chemotherapy Infusion Into Artery By Portable Or Implanted Pump, More Than 8 Hours | \$169.02 | |
| 96440 | Chemotherapy Administration Into Pleural Cavity, Requiring And Including Thoracentesis | \$758.43 | |
| 96446 | Chemotherapy Administration Into The Peritoneal Cavity Via Indwelling Port Or Catheter | \$188.13 | |
| 96450 | Chemotherapy Administration, Into Cns (Eg, Intrathecal), Requiring And Including Spinal Puncture | \$179.56 | |
| 96521 | Refilling And Maintenance Of Portable Pump | \$132.49 | |
| 96522 | Refilling And Maintenance Of Implantable Pump Or Reservoir For Drug Delivery, Systemic (Eg, Intravenous, Intra-Arterial) | \$116.47 | |
| 96523 | Irrigation Of Implanted Venous Access Device For Drug Delivery Systems | \$26.32 | |
| 96542 | Chemotherapy Injection, Subarachnoid Or Intraventricular Via Subcutaneous Reservoir, Single Or Multiple Agents | \$127.03 | |
| 96549 | Unlisted Chemotherapy Procedure | \$31.14 | |
| 96567 | Application Of Light And Light-Sensitive Drugs To Aid Destruction Of Premalignant Skin Growths, Per Session | \$128.21 | |
| 96570 | Photodynamic Therapy By Endoscopic Application Of Light To Ablate Abnormal Tissue Via Activation Of Photosensitive Drug(S); First 30 Minutes (List Separately In Addition To Code For Endoscopy Or Bronchoscopy Procedures Of Lung And Gastrointestinal Tract) | \$47.46 | |
| 96571 | Photodynamic Therapy By Endoscopic Application Of Light To Ablate Abnormal Tissue Via Activation Of Photosensitive Drug(S); Each Additional 15 Minutes (List Separately In Addition To Code For Endoscopy Or Bronchoscopy Procedures Of Lung And Gastrointestinal | \$23.68 | |
| 96573 | Application Of Light And Light-Sensitive Drugs To Aid Destruction Of Premalignant Skin Growths, Per Day | \$227.51 | PA Required |
| 96574 | Application Of Light And Light-Sensitive Drugs Following Removal Of Premalignant Thickened Skin Growth, Per Day | \$263.19 | PA Required |
| 96900 | Actinotherapy (Ultraviolet Light) | \$16.86 | |
| 96902 | Microscopic Examination Of Hairs Plucked Or Clipped By The Examiner (Excluding Hair Collected By The Patient) To Determine Telogen And Anagen Counts, Or Structural Hair Shaft Abnormality | \$0.01 | |
| 96904 | Whole Body Integumentary Photography, For Monitoring Of High Risk Patients With Dysplastic Nevus Syndrome Or A History Of Dysplastic Nevi, Or Patients With A Personal Or Familial History Of Melanoma | \$69.12 | |
| 96910 | Photochemotherapy Tar And Ultraviolet B (Goeckerman Treatment) Or Petrolatum And Ultraviolet B | \$83.62 | |
| 96912 | Photochemotherapy Psoralens And Ultraviolet A (Puva) | \$97.89 | |
| 96913 | Photochemotherapy (Goeckerman And/Or Puva) For Severe Photoresponsive Dermatoses Requiring At Least Four To Eight Hours Of Care Under Direct Supervision Of The Physician (Includes Application Of Medication And Dressings) | \$146.74 | |
| 96920 | Laser Treatment For Inflammatory Skin Disease (Psoriasis); Total Area Less Than 250 Sq Cm | \$177.42 | |
| 96921 | Laser Treatment For Inflammatory Skin Disease (Psoriasis); 250 Sq Cm To 500 Sq Cm | \$188.60 | |
| 96922 | Laser Treatment For Inflammatory Skin Disease (Psoriasis); Over 500 Sq Cm | \$225.04 | |
| 96931 | Microscopy Of Lesion Of Skin With Interpretation And Report - First Lesion | \$166.05 | |
| 96932 | Microscopy Of Lesion Of Skin - First Lesion | \$124.71 | |
| 96933 | Interpretation And Report Of Microscopy Of Lesion Of Skin - First Lesion | \$41.34 | |
| 96934 | Microscopy Of Lesion Of Skin With Interpretation And Report | \$115.56 | |
| 96935 | Microscopy Of Lesion Of Skin | \$75.87 | |
| 96936 | Interpretation And Report Of Microscopy Of Lesion Of Skin | \$39.70 | |
| 96999 | Unlisted Special Dermatological Service Or Procedure | Price By Report | |
| 97012 | Physical Medicine Treatment To One Area Traction, Mechanical | \$10.86 | |
| 97014 | Application Of Electrical Stimulation To 1 Or More Areas, Unattended By Physical Therapist | \$9.96 | |
| 97016 | Physical Medicine Treatment To One Area; Vasopneumatic Devices | \$9.96 | |
| 97018 | Physical Medicine Treatment To One Area Paraffin Bath | \$9.96 | |
| 97022 | Physical Medicine Treatment To One Area Whirlpool | \$13.13 | |
| 97024 | Application Of A Modality To One Or More Areas; Diathermy (Eg, Microwave) | \$9.96 | |
| 97026 | Physical Medicine Treatment To One Area Infrared | \$9.96 | |
| 97028 | Physical Medicine Treatment To One Area Ultraviolet | \$15.38 | |
| 97032 | Application Of Electrical Stimulation To 1 Or More Areas, Each 15 Minutes | \$15.59 | |
| 97033 | Application Of Medication Through Skin Using Electrical Current, Each 15 Minutes | \$14.90 | |
| 97034 | Therapeutic Hot And Cold Baths To 1 Or More Areas, Each 15 Minutes | \$17.24 | |
| 97035 | Application Of Ultrasound To 1 Or More Areas, Each 15 Minutes | \$15.59 | |
| 97036 | Physical Therapy Treatment To 1 Or More Areas, Hubbard Tank, Each 15 Minutes | \$32.82 | |
| 97039 | Unlisted Modality (Specify Type And Time If Constant Attendance) | \$22.83 | |
| 97110 | Therapeutic Exercise To Develop Strength, Endurance, Range Of Motion, And Flexibility, Each 15 Minutes | \$21.97 | |
| 97112 | Therapeutic Procedure To Re-Educate Brain-To-Nerve-To-Muscle Function, Each 15 Minutes | \$25.49 | |
| 97113 | Water Pool Therapy With Therapeutic Exercises To 1 Or More Areas, Each 15 Minutes | \$27.76 | |
| 97116 | Walking Training To 1 Or More Areas, Each 15 Minutes | \$21.97 | |
| 97139 | Therapeutic Procedure, One Or More Areas, Each 15 Minutes; Unlisted Therapeutic Procedure (Specify) | \$31.76 | |
| 97140 | Manual (Physical) Therapy Techniques To 1 Or More Regions, Each 15 Minutes | \$20.19 | |
| 97150 | Therapeutic Procedure(S), Group (2 Or More Individuals) | \$14.91 | |
| 97161 | Evaluation Of Physical Therapy, Typically 20 Minutes | \$73.71 | |
| 97162 | Evaluation Of Physical Therapy, Typically 30 Minutes | \$73.71 | |
| 97163 | Evaluation Of Physical Therapy, Typically 45 Minutes | \$73.71 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 97164 | Re-Evaluation Of Physical Therapy, Typically 20 Minutes | \$57.74 | |
| 97165 | Evaluation Of Occupational Therapy, Typically 30 Minutes | \$73.71 | |
| 97166 | Evaluation Of Occupational Therapy, Typically 45 Minutes | \$73.71 | |
| 97167 | Evaluation Of Occupational Therapy Established Plan Of Care, Typically 60 Minutes | \$73.71 | |
| 97168 | Re-Evaluation Of Occupational Therapy Established Plan Of Care, Typically 30 Minutes | \$54.53 | |
| 97530 | Therapeutic Activities To Improve Function, With One-On-One Contact Between Patient And Provider, Each 15 Minutes | \$28.53 | |
| 97533 | Sensory Technique To Enhance Processing And Adaptation To Environmental Demands, Each 15 Minutes | \$45.50 | |
| 97535 | Training For Self-Care Or Home Management, Each 15 Minutes | \$24.28 | |
| 97542 | Wheelchair Management, Each 15 Minutes | \$22.23 | |
| 97597 | Removal Of Tissue From Wounds Per Session, First 20 Sq Cms Or Less | \$71.57 | |
| 97598 | Removal Of Tissue From Wounds Per Session, Each Additional 20 Sq Cm | \$47.40 | |
| 97602 | Removal Of Tissue From Wounds Per Session | \$43.35 | |
| 97605 | Negative Pressure Wound Therapy, Surface Area Less Than Or Equal To 50 Square Centimeters, Per Session | \$44.95 | |
| 97606 | Negative Pressure Wound Therapy, Surface Area Greater Than 50 Square Centimeters, Per Session | \$51.50 | |
| 97607 | Negative Pressure Wound Therapy Surface Area Less Than Or Equal To 50 Square Centimeters Per Session | \$273.83 | PA Required |
| 97608 | Negative Pressure Wound Therapy Surface Area Greater Than 50 Square Centimeters | \$270.07 | PA Required |
| 97610 | Low Frequency, Non-Contact, Non-Thermal Ultrasound Wound Assessment, And Instructions For Ongoing Care, Per Day | \$442.91 | |
| 97750 | Physical Performance Test Or Measurement With Report, Each 15 Minutes | \$24.99 | |
| 97755 | Assistive Technology Assessment To Enhance Functional Performance, Each 15 Minutes | \$38.29 | |
| 97760 | Training In Use Of Orthotics (Supports, Braces, Or Splints) For Arms, Legs And/Or Trunk, Per 15 Minutes | \$36.35 | |
| 97763 | Management And/Or Training In Use Of Orthotics (Supports, Braces, Or Splints) For Arms, Legs, And/Or Trunk, Per 15 Minutes | \$39.88 | |
| 97799 | Unlisted Physical Medicine/Rehabilitation Service Or Procedure | \$37.39 | |
| 97802 | Medical Nutrition Therapy, Assessment And Intervention, Each 15 Minutes | \$37.46 | |
| 97803 | Medical Nutrition Therapy Re-Assessment And Intervention, Each 15 Minutes | \$32.49 | |
| 97804 | Medical Nutrition Therapy Performed In A Group Setting, Each 30 Minutes | \$17.21 | |
| 98925 | Osteopathic Manipulative Treatment (Omt); One To Two Body Regions Involved | \$27.14 | |
| 98926 | Osteopathic Manipulative Treatment (Omt); Three To Four Body Regions Involved | \$48.50 | |
| 98927 | Osteopathic Manipulative Treatment (Omt); Five To Six Body Regions Involved | \$48.50 | |
| 98928 | Osteopathic Manipulative Treatment (Omt); Seven To Eight Body Regions Involved | \$56.42 | |
| 98929 | Osteopathic Manipulative Treatment (Omt); Nine To Ten Body Regions Involved | \$61.33 | |
| 98966 | Telephone Assessment And Management Service, 5-10 Minutes Of Medical Discussion | \$16.71 | |
| 98967 | Telephone Assessment And Management Service, 11-20 Minutes Of Medical Discussion | \$30.84 | |
| 98968 | Telephone Assessment And Management Service, 21-30 Minutes Of Medical Discussion | \$45.42 | |
| 99070 | Supplies And Materials (Except Spectacles), Provided By The Physician Or Other Qualified Health Care Professional Over And Above Those Usually Included With The Office Visit Or Other Services Rendered (List Drugs, Trays, Supplies, Or Materials Provided) | \$0.01 | |
| 99080 | Special Reports Such As Insurance Forms, More Than The Information Conveyed In The Usual Medical Communications Or Standard Reporting Form | \$0.01 | |
| 99151 | Moderate Sedation Services By Physician Also Performing A Procedure, Patient Younger Than 5 Years Of Age, First 15 Minutes | \$73.90 | |
| 99152 | Moderate Sedation Services By Physician Also Performing A Procedure, Patient 5 Years Of Age Or Older, First 15 Minutes | \$55.07 | |
| 99153 | Moderate Sedation Services By Physician Also Performing A Procedure, Additional 15 Minutes | \$11.66 | |
| 99155 | Moderate Sedation Services By Physician Not Performing A Procedure, Patient Younger Than 5 Years Of Age, First 15 Minutes | \$83.32 | |
| 99156 | Moderate Sedation Services By Physician Not Performing A Procedure, Patient 5 Years Of Age Or Older, First 15 Minutes | \$78.87 | |
| 99157 | Moderate Sedation Services By Physician Not Performing A Procedure, Each Additional 15 Minutes | \$59.88 | |
| 99170 | Examination Of Genital And Anal Region Of Child Using An Endoscope, Suspected Trauma | \$156.21 | |
| 99172 | Visual Function Screening, Automated Or Semi-Automated Bilateral Quantitative Determination Of Visual Acuity, Ocular Alignment, Color Vision By Pseudoisochromatic Plates, And Field Of Vision (May Include All Or Some Screening Of The Determinati | \$15.58 | |
| 99173 | Screening Test Of Visual Acuity, Quantitative, Bilateral (The Screening Test Used Must Employ Graduated Visual Acuity Stimuli That Allow A Quantitative Estimate Of Visual Acuity (Eg, Snellen Chart). Other Identifiable Services Unrelated To This Screening | \$15.11 | |
| 99175 | Ipecac Or Similar Administration For Individual Emesis And Continued Observation Until Stomach Adequately Emptied Of Poison | \$27.58 | |
| 99177 | Instrument Based Eye Screening Of Both Eyes With Analysis | Price By Report | |
| 99183 | Physician Or Other Qualified Health Care Professional Attendance And Supervision Of Hyperbaric Oxygen Therapy, Per Session | \$108.16 | PA Required |
| 99184 | Initiation Of Lowering Head Or Total Body Temperature In Neonate | \$223.74 | |
| 99188 | Application Of Topical Fluoride | \$32.20 | |
| 99190 | Assembly And Operation Of Heart-Lung Machine, Each Hour | \$123.88 | |
| 99191 | Assembly And Operation Of Heart-Lung Machine, 45 Minutes | \$70.28 | |
| 99192 | Assembly And Operation Of Heart-Lung Machine, 30 Minutes | \$51.90 | |
| 99195 | Phlebotomy, Therapeutic (Separate Procedure) | \$87.28 | |
| 99202 | New Patient Outpatient Visit, Total Time 15-29 Minutes | \$63.63 | |
| 99203 | New Patient Outpatient Visit, Total Time 30-44 Minutes | \$94.58 | |
| 99204 | New Patient Outpatient Visit, Total Time 45-59 Minutes | \$134.32 | |
| 99205 | New Patient Outpatient Visit, Total Time 60-74 Minutes | \$171.32 | |
| 99211 | Established Patient Outpatient Visit, Minimal Presenting Problem | \$20.48 | |
| 99212 | Established Patient Outpatient Visit, Total Time 10-19 Minutes | \$38.71 | |
| 99213 | Established Patient Outpatient Visit, Total Time 20-29 Minutes | \$62.22 | |
| 99214 | Established Patient Outpatient Visit, Total Time 30-39 Minutes | \$88.05 | |
| 99215 | Established Patient Outpatient Visit, Total Time 40-54 Minutes | \$123.57 | |
| 99221 | Initial Hospital Inpatient Care, Typically 30 Minutes Per Day | \$87.41 | |
| 99222 | Initial Hospital Inpatient Care, Typically 50 Minutes Per Day | \$121.57 | |
| 99223 | Initial Hospital Inpatient Care, Typically 70 Minutes Per Day | \$157.06 | |
| 99231 | Subsequent Hospital Inpatient Care, Typically 15 Minutes Per Day | \$39.04 | |
| 99232 | Subsequent Hospital Inpatient Care, Typically 25 Minutes Per Day | \$62.75 | |
| 99233 | Subsequent Hospital Inpatient Care, Typically 35 Minutes Per Day | \$83.97 | |
| 99234 | Hospital Observation Or Inpatient Care Low Severity, 40 Minutes Per Day | \$138.96 | |
| 99235 | Hospital Observation Or Inpatient Care Moderate Severity, 50 Minutes Per Day | \$167.99 | |
| 99236 | Hospital Observation Or Inpatient Care High Severity, 55 Minutes Per Day | \$215.02 | |
| 99238 | Hospital Discharge Day Management, 30 Minutes Or Less | \$70.48 | |
| 99239 | Hospital Discharge Day Management, More Than 30 Minutes | \$96.22 | |
| 99242 | Patient Office Consultation, Typically 30 Minutes | \$90.11 | |
| 99243 | Patient Office Consultation, Typically 40 Minutes | \$119.09 | |
| 99244 | Patient Office Consultation, Typically 60 Minutes | \$169.29 | |
| 99245 | Patient Office Consultation, Typically 80 Minutes | \$219.15 | |
| 99252 | Inpatient Hospital Consultation, Typically 40 Minutes | \$95.25 | |
| 99253 | Inpatient Hospital Consultation, Typically 55 Minutes | \$124.40 | |
| 99254 | Inpatient Hospital Consultation, Typically 80 Minutes | \$169.07 | |
| 99255 | Inpatient Hospital Consultation, Typically 110 Minutes | \$209.03 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| 99281 | Emergency Department Visit, Self Limited Or Minor Problem | \$22.07 | |
| 99282 | Emergency Department Visit, Low To Moderately Severe Problem | \$38.62 | |
| 99283 | Emergency Department Visit, Moderately Severe Problem | \$72.40 | |
| 99284 | Emergency Department Visit, Problem Of High Severity | \$116.48 | |
| 99285 | Emergency Department Visit, Problem With Significant Threat To Life Or Function | \$174.97 | |
| 99288 | Physician Or Other Qualified Health Care Professional Direction Of Emergency Medical Systems (Ems) Emergency Care, Advanced Life Support | \$0.01 | |
| 99291 | Critical Care Delivery Critically Ill Or Injured Patient, First 30-74 Minutes | \$243.14 | |
| 99292 | Attendance Of The Physician; Each Additional 30 Minutes (List Separately In Addition To Code For Primary Service) | \$109.02 | |
| 99304 | Initial Nursing Facility Visit, Typically 25 Minutes Per Day | \$69.76 | |
| 99305 | Initial Nursing Facility Visit, Typically 35 Minutes Per Day | \$95.15 | |
| 99306 | Initial Nursing Facility Visit, Typically 45 Minutes Per Day | \$117.80 | |
| 99307 | Subsequent Nursing Facility Visit, Typically 10 Minutes Per Day | \$39.30 | |
| 99308 | Subsequent Nursing Facility Visit, Typically 15 Minutes Per Day | \$61.20 | |
| 99309 | Subsequent Nursing Facility Visit, Typically 25 Minutes Per Day | \$83.91 | |
| 99310 | Subsequent Nursing Facility Visit, Typically 35 Minutes Per Day | \$90.38 | |
| 99315 | Nursing Facility Discharge Day Management, 30 Minutes Or Less | \$70.14 | |
| 99316 | Nursing Facility Discharge Management, More Than 30 Minutes | \$89.68 | |
| 99341 | New Patient Home Visit, Typically 20 Minutes | \$58.17 | |
| 99342 | New Patient Home Visit, Typically 30 Minutes | \$70.90 | |
| 99344 | New Patient Home Visit, Typically 60 Minutes | \$165.35 | |
| 99345 | New Patient Home Visit, Typically 75 Minutes | \$200.05 | |
| 99347 | Established Patient Home Visit, Typically 15 Minutes | \$42.91 | |
| 99348 | Established Patient Home Visit, Typically 25 Minutes | \$58.24 | |
| 99349 | Established Patient Home Visit, Typically 40 Minutes | \$93.83 | |
| 99350 | Established Patient Home Visit, Typically 60 Minutes | \$186.60 | |
| 99358 | Prolonged Evaluation And Management Service Before And/ Or After Direct Patient Care; First Hour | \$112.96 | |
| 99359 | Prolonged Evaluation And Management Service Before And/ Or After Direct Patient Care; Each Additional 30 Minutes (List Separately In Addition To Code For Prolonged Service) | \$54.55 | |
| 99360 | Prolonged Physician Standby Service, Each 30 Minutes | \$90.72 | |
| 99366 | Medical Team Conference With Patient And/Or Family, And Nonphysician Health Care Professionals, 30 Minutes Or More | \$0.01 | |
| 99380 | Supervision Of Nursing Facility Patient Services, 30 Minutes Or More Per Month | \$0.01 | |
| 99381 | Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/ Diag | \$119.83 | |
| 99382 | Initial New Patient Preventive Medicine Evaluation, Age 1 Through 4 Years | \$119.83 | |
| 99383 | Initial New Patient Preventive Medicine Evaluation, Age 5 Through 11 Years | \$119.83 | |
| 99384 | Initial New Patient Preventive Medicine Evaluation, Age 12 Through 17 Years | \$119.83 | |
| 99385 | Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/ Diag | \$119.83 | |
| 99386 | Initial Comprehensive Preventive Medicine Evaluation And Management Of An Individual Including An Age And Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, And The Ordering Of Laboratory/ Diag | \$69.76 | |
| 99387 | Initial New Patient Preventive Medicine Evaluation, Age 65 Years And Older | \$67.06 | |
| 99391 | Established Patient Periodic Preventive Medicine Examination Infant Younger Than 1 Year | \$81.59 | |
| 99392 | Established Patient Periodic Preventive Medicine Examination, Age 1 Through 4 Years | \$81.59 | |
| 99393 | Established Patient Periodic Preventive Medicine Examination, Age 5 Through 11 Years | \$81.59 | |
| 99394 | Established Patient Periodic Preventive Medicine Examination, Age 12 Through 17 Years | \$81.59 | |
| 99395 | Established Patient Periodic Preventive Medicine Examination Age 18-39 Years | \$81.59 | |
| 99396 | Established Patient Periodic Preventive Medicine Examination Age 40-64 Years | \$69.76 | |
| 99397 | Established Patient Periodic Preventive Medicine Examination, Age 65 Years And Older | \$69.76 | |
| 99401 | Preventive Medicine Counseling, Approximately 15 Minutes | \$6.56 | |
| 99402 | Pediatric Vaccine Counseling | \$5.79 | |
| 99403 | Covid-19 Vaccine Counseling | \$5.79 | |
| 99406 | Smoking And Tobacco Use Intermediate Counseling, Greater Than 3 Minutes Up To 10 Minutes | \$15.81 | |
| 99407 | Smoking And Tobacco Use Intensive Counseling, Greater Than 10 Minutes | \$30.64 | |
| 99412 | Group Preventive Medicine Counseling, Approximately 60 Minutes | Price By Report | PA Required |
| 99417 | Prolonged Office Or Other Outpatient Service By Clinical Staff, Each 15 Minutes Of Total Time | Price By Report | |
| 99418 | Prolonged Inpatient Or Observation Service, Each 15 Minutes Of Total Time Beyond Required Time Of Primary Service | Price By Report | |
| 99453 | Remote Monitoring Of Physiologic Parameters, Initial Set-Up And Patient Education On Use Of Equipment | \$19.64 | |
| 99454 | Remote Monitoring Of Physiologic Parameters, Initial Supply Of Devices With Daily Recordings Or Programmed Alerts Transmission, Each 30 Days | \$58.26 | |
| 99457 | Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; First 20 Minutes | \$54.00 | |
| 99458 | Remote Physiologic Monitoring Treatment Management Services, Health Care Professional Time In A Calendar Month Requiring Interactive Communication With The Patient/Caregiver; Each Additional 20 Minute | \$44.17 | |
| 99460 | Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant | \$98.54 | |
| 99461 | Initial Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Seen In Other Than Hospital Or Birthing Center | \$63.34 | |
| 99462 | Subsequent Hospital Care, Per Day, For Evaluation And Management Of Normal Newborn | \$42.30 | |
| 99463 | Initial Hospital Or Birthing Center Care, Per Day, For Evaluation And Management Of Normal Newborn Infant Admitted And Discharged On The Same Date | \$104.59 | |
| 99464 | Attendance At Delivery (When Requested By The Delivering Physician Or Other Qualified Health Care Professional) And Initial Stabilization Of Newborn | \$81.73 | |
| 99465 | Delivery/Birthing Room Resuscitation, Provision Of Positive Pressure Ventilation And/Or Chest Compressions In The Presence Of Acute Inadequate Ventilation And/Or Cardiac Output | \$166.13 | |
| 99466 | Critical Care Of Ill Or Injured Pediatric Patient, 24 Months Or Younger, First 30-74 Minutes | \$266.41 | |
| 99467 | Critical Care Of Ill Or Injured Pediatric Patient, 24 Months Or Younger | \$133.80 | |
| 99468 | Initial Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day | \$987.09 | |
| 99469 | Subsequent Inpatient Hospital Critical Care Of Newborn, 28 Days Of Age Or Younger, Per Day | \$520.15 | |
| 99471 | Initial Inpatient Hospital Critical Care Of Infant Or Young Child, 29 Days Through 24 Months Of Age, Per Day | \$929.83 | |
| 99472 | Subsequent Inpatient Hospital Critical Care Of Infant Or Young Child, 29 Days Through 24 Months Of Age, Per Day | \$486.32 | |
| 99475 | Initial Inpatient Hospital Critical Care Of Infant Or Young Child, 2 Through 5 Years Of Age, Per Day | \$604.81 | |
| 99476 | Subsequent Inpatient Hospital Critical Care Of Infant Or Young Child, 2 Through 5 Years Of Age, Per Day | \$362.92 | |
| 99477 | Initial Intensive Care Of Newborn, 28 Days Of Age Or Younger, Per Day | \$384.99 | |
| 99478 | Subsequent Intensive Care Of Recovering Very Low Birth Weight Infant, Per Day | \$227.30 | |
| 99479 | Subsequent Intensive Care Of Recovering Low Birth Weight Infant, Per Day (1500-2500 Grams) | \$167.06 | |
| 99480 | Subsequent Intensive Care Of Recovering Low Birth Weight Infant, Per Day (2501-5000 Grams) | \$229.43 | |
| 99485 | Supervision Of Interfacility Transport Care Of The Critical Patient, 24 Months Of Age Or Younger, First 30 Minutes | \$0.01 | |
| 99486 | Supervision Of Interfacility Transport Care Of The Critical Patient, 24 Months Of Age Or Younger | \$0.01 | |

| Code | Description | Fee | Prior Auth Status |
|-------|--|-----------------|-------------------|
| 99497 | Advance Care Planning, First 30 Minutes | \$76.93 | |
| 99498 | Advance Care Planning, Each Additional 30 Minutes | \$66.65 | |
| 99499 | Child Advocacy Program Forensic Interview | \$309.40 | PA Required |
| 99601 | Home Infusion/Specialty Drug Administration, Per Visit (Up To 2 Hours) | Price By Report | |
| 99602 | Home Infusion/Specialty Drug Administration, Per Visit (Up To 2 Hours) Each Additional Hour (List Separately In Addition To Code For Primary Procedure) | Price By Report | |
| 0031A | Immunization Administration By Intramuscular Injection Of Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) - Single Dose | \$40.40 | |
| 0034A | Immunization Administration By Intramuscular Injection Of Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [Covid-19]) Vaccine, Dna, Spike Protein, Adenovirus Type 26 (Ad26) Vector, Preservative Free, 5X1010 Viral Particles/0.5 MI Dosage; Booster Dose | \$40.40 | |
| 0041A | Immunization Administration By Intramuscular Injection Of Severe Acute Respiratory Syndrome Coronavirus 2 (Sarscov-2) (Coronavirus Disease [Covid-19]) Vaccine, Recombinant Spike Protein Nanoparticle, Saponin-Based Adjuvant, Preservative Free, 5 Mcg/0.5 MI Dosage; First Dose | \$40.40 | |
| 0042A | Immunization Administration By Intramuscular Injection Of Severe Acute Respiratory Syndrome Coronavirus 2 (Sarscov-2) (Coronavirus Disease [Covid-19]) Vaccine, Recombinant Spike Protein Nanoparticle, Saponin-Based Adjuvant, Preservative Free, 5 Mcg/0.5 MI Dosage; Second Dose | \$40.40 | |
| 0044A | Intramuscular Administration Of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Recombinant Spike Protein Nanoparticle, Saponin-Based Adjuvant, Preservative Free, 5Mcg/0.5 MI Dosage, Booster Dose | \$40.40 | |
| 0121A | Adm Sarscv2 Bvl 30Mcg/0.3MI Single Dose | \$40.40 | |
| 0124A | Protein, Preservative Free, 30Mcg/0.3 MI Dosage, Tris-Sucrose Formulation, Booster Dose | \$40.40 | |
| 0134A | Intramuscular Administration Of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Mrna-Lnp, Spike Protein, Bivalent, Preservative Free, 50Mcg/0.5 MI Dosage, Booster Dose | \$40.40 | |
| 0141A | Adm Sarscv2 Bvl 25Mcg/0.25MI 1St Dose | \$40.40 | |
| 0142A | Adm Sarscv2 Bvl 25Mcg/0.25MI 2Nd Dose | \$40.40 | |
| 0144A | Intramuscular Administration Of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Mrna-Lnp, Spike Protein, Bivalent, Preservative Free, 25Mcg/0.25 MI Dosage, Booster Dose | \$40.40 | |
| 0154A | Intramuscular Administration Of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) Vaccine, Mrna-Lnp, Bivalent Spike Protein, Preservative Free, 10Mcg/0.2 MI Dosage, Diluent Reconstituted, Tris-Sucrose Formulation, Booster Dose | \$40.40 | |
| 0164A | Intramuscular Administration Of Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) Vaccine, Mrna-Lnp, Spike Protein, Bivalent, Preservative Free, 10 Mcg/0.2 MI Dosage, Booster Dose | \$40.40 | |
| 0151A | Adm Sarscv2 Bvl 10 Mcg/0.2 MI Single Dose | \$40.40 | |
| 0171A | Adm Sarscv2 Bvl 3Mcg/0.2MI 1 | \$40.40 | |
| 0172A | Adm Sarscv2 Bvl 3Mcg/0.2MI 2Nd Dose | \$40.40 | |
| 0173A | Intramuscular Administration Of Single Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) Vaccine, Mrna-Lnp, Bivalent Spike Protein, Preservative Free, 3 Mcg/0.2 MI Dosage, Diluent Reconstituted, Tris-Sucrose Formulation, Third Dose | \$40.40 | |
| 0174A | Adm Sarscv2 Bvl 3Mcg/0.2MI Add-L Dose | \$40.40 | |
| 0234T | Catheter Removal Of Plaque From Kidney Artery, Accessed Through The Skin Or Open Procedure Including Radiological Supervision And Interpretation | Price By Report | |
| 0235T | Catheter Removal Of Plaque From Organ Artery, Accessed Through The Skin Or Open Procedure Including Radiological Supervision And Interpretation | Price By Report | |
| 0236T | Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interpretation; Abdominal Aorta | Price By Report | |
| 0237T | Catheter Removal Of Plaque From Upper Arm Artery, Accessed Through The Skin Or Open Procedure Including Radiological Supervision And Interpretation | Price By Report | |
| 0238T | Catheter Removal Of Plaque From Groin Artery, Accessed Through The Skin Or Open Procedure Including Radiological Supervision And Interpretation | Price By Report | |
| 0253T | Insertion Of Eye Fluid Drainage Device, Internal Approach | Price By Report | |
| 0263T | Guidance, If Performed; Complete Procedure Including Unilateral Or Bilateral Bone Marrow Harvest | Price By Report | |
| 0264T | Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple Injections, One Leg, Including Ultrasound Guidance, If Performed; Complete Procedure Excluding Bone Marrow Harvest | Price By Report | |
| 0265T | Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple Injections, One Leg, Including Ultrasound Guidance, If Performed; Unilateral Or Bilateral Bone Marrow Harvest Only For Intramuscular Autologous Bone Marrow Harvest | Price By Report | |
| 0266T | Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Total System (Includes Generator Placement, Unilateral Or Bilateral Lead Placement, Intra-Operative Interrogation, Programming, And Repositioning, When Performed) | Price By Report | |
| 0267T | Programming, And Repositioning, When Performed) | Price By Report | |
| 0268T | Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Pulse Generator Only (Includes Intra-Operative Interrogation, Programming, And Repositioning, When Performed) | Price By Report | |
| 0269T | Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Total System (Includes Generator Placement, Unilateral Or Bilateral Lead Placement, Intra-Operative Interrogation, Programming, And Repositioning, When Performed) | Price By Report | |
| 0270T | Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Lead Only, Unilateral (Includes Intra-Operative Interrogation, Programming, And Repositioning, When Performed) | Price By Report | |
| 0271T | Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Pulse Generator Only (Includes Intra-Operative Interrogation, Programming, And Repositioning, When Performed) | Price By Report | |
| 0272T | Interrogation Device Evaluation (In Person), Carotid Sinus Baroreflex Activation System, Including Telemetric Iterative Communication With The Implantable Device To Monitor Device Diagnostics And Programmed Therapy Values, With Interpretation And Repo | Price By Report | |
| 0273T | Interrogation Device Evaluation (In Person) Carotid Sinus Baroreflex Activation System, With Programming | Price By Report | |
| 0274T | Removal Of Bone From Upper Or Middle Spine For Decompression Of Nerve Tissue Using Imaging Guidance, Accessed Through The Skin | Price By Report | |
| 0275T | Removal Of Bone From Lower Spine For Decompression Of Nerve Tissue Using Imaging Guidance, Accessed Through The Skin | Price By Report | |
| 0278T | Transcutaneous Electrical Modulation Pain Reprocessing (Eg, Scrambler Therapy), Each Treatment Session (Includes Placement Of Electrodes) | Price By Report | |
| 0394T | High Dose Rate Electronic Brachytherapy, External | Price By Report | |
| 0395T | High Dose Rate Electronic Brachytherapy, Internal | Price By Report | |
| 0402T | Collagen Cross-Linking Treatment Of Disease Of Cornea | Price By Report | PA Required |
| 0479T | Laser Destruction Of Scar Tissue, First 100 Cm2, Or 1% Of Body Surface Area Of Infants And Children | \$437.35 | |
| 0480T | Laser Destruction Of Scar Tissue, Each Additional 100 Cm2, Or 1% Of Body Surface Area Of Infants And Children | \$92.09 | |
| 0537T | Blood Drv T Lymphcyt Cat-T Cell | Price By Report | PA Required |
| 0540T | Car-T Cell Admn Autologous | Price By Report | PA Required |
| 0538T | Blood Drv T Lymphcyt Prep Trns | \$0.01 | PA Required |
| 0539T | Receipt&Prep Car-T Cell Admn | \$0.01 | PA Required |
| 0547T | Bone Material Quality Testing By Microindentations Of Shin Bone | Price By Report | |
| 0553T | Insertion Of Implant Connecting Groin Artery And Groin Vein, With Radiological Supervision And Interpretation And Imaging Guidance, Via Catheter, Accessed Through Skin | Price By Report | |
| 0564T | Evaluation Of Toxicity Of Chemotherapy Drugs On Cancer Stem Cells | Price By Report | |
| 0565T | Harvesting Of Fatty Tissue And Creation Of Cellular Implant For Treatment Of Osteoarthritis | Price By Report | |
| 0566T | Injection Of Fatty Tissue Cellular Implant For Treatment Of Osteoarthritis In Knee, Using Ultrasound Guidance | Price By Report | |
| 0568T | Introduction Of Saline And Air Into Fallopian Tubes To Test For Blockage | Price By Report | |

| Code | Description | Fee | Prior Auth Status |
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| 0569T | Repair Of Valve Between Upper Right And Lower Right Chambers Of Heart (Tricuspid Valve) Using Prosthesis Delivered Via Catheter, Accessed Through Skin; Initial Prosthesis | Price By Report | |
| 0570T | Repair Of Valve Between Upper Right And Lower Right Chambers Of Heart (Tricuspid Valve) Using Prosthesis Delivered Via Catheter, Accessed Through Skin; Each Additional Prosthesis | Price By Report | |
| 0571T | Insertion Or Replacement Of Implantable Cardioverter-Defibrillator System With Electrodes Under Breastbone | Price By Report | |
| 0572T | Insertion Of Implantable Defibrillator Electrode Under Breastbone | Price By Report | |
| 0573T | Removal Of Implantable Defibrillator Electrode From Under Breastbone | Price By Report | |
| 0574T | Repositioning Of Previously Implanted Defibrillator Electrode Under Breastbone | Price By Report | |
| 0575T | In-Person Programming Device Evaluation Of Implantable Cardioverter-Defibrillator System With Electrode Under Breastbone, With Analysis, Review And Report | Price By Report | |
| 0576T | In-Person Interrogation Device Evaluation Of Implantable Cardioverter-Defibrillator System With Electrode Under Breastbone, With Analysis, Review And Report | Price By Report | |
| 0577T | Electrophysiological Evaluation Of Implantable Cardioverter-Defibrillator System With Electrode Under Breastbone, With Analysis, Review And Report | Price By Report | |
| 0578T | Remote Interrogation Device Evaluation Of Implantable Cardioverter-Defibrillator System With Lead Under Breastbone, With Analysis, Review And Report By Healthcare Professional | Price By Report | |
| 0579T | Remote Interrogation Device Evaluation Of Implantable Cardioverter-Defibrillator System With Lead Under Breastbone, With Remote Data Acquisitions, Receipt Of Transmissions And Technician Review, Technical Support And Distribution Of Results | Price By Report | |
| 0580T | Removal Of Implantable Defibrillator Pulse Generator From Under Breastbone | Price By Report | |
| 0581T | Freezing Destruction Of Malignant Breast Tumors In One Breast, Accessed Through Skin | Price By Report | |
| 0582T | High-Energy Water Vapor Heat Destruction Of Malignant Prostate Tissue, Including Imaging And Needle Guidance | Price By Report | |
| 0583T | Insertion Of Ventilating Tube In Eardrum Using An Automated Tube Delivery System Under Local Anesthesia | \$1,813.10 | |
| 0584T | Transplantation Of Insulin-Producing Cells, Via Catheter Accessed Through Skin Using Imaging Guidance | Price By Report | |
| 0585T | Transplantation Of Insulin-Producing Cells Using Endoscope Inserted Through Wall Of Abdomen | Price By Report | |
| 0586T | Transplantation Of Insulin-Producing Cells, Open Procedure | Price By Report | |
| 0587T | Implantation Of Nerve-Stimulating Device In Posterior Tibial Nerve, Accessed Through Skin | Price By Report | |
| 0588T | Revision Or Removal Of Nerve-Stimulating Device In Posterior Tibial Nerve | Price By Report | |
| 0589T | Electronic Analysis With Simple Programming Of Nerve-Stimulating Device In Posterior Tibial Nerve | Price By Report | |
| 0590T | Electronic Analysis With Complex Programming Of Nerve-Stimulating Device In Posterior Tibial Nerve | Price By Report | |
| 0594T | Incision Of Upper Arm Bone And Insertion Of Bone-Lengthening Device In Marrow Cavity | Price By Report | |
| 0596T | Initial Insertion Of Temporary Valve-Pump In Female Urethra | Price By Report | |
| 0597T | Replacement Of Temporary Valve-Pump In Female Urethra | Price By Report | |
| 0598T | Fluorescence Wound Imaging For Bacteria, First Anatomic Site | Price By Report | |
| 0599T | Fluorescence Wound Imaging For Bacteria, Each Additional Anatomic Site | Price By Report | |
| 0600T | Irreversible Electroporation Destruction Of Growths Of Internal Organ, Accessed Through Skin | Price By Report | |
| 0601T | Irreversible Electroporation Destruction Of Growths Of Internal Organ, Open Procedure | Price By Report | |
| 0602T | Measurement Of Kidney Filtration Rate Using Skin Sensor And Single Dose Of Fluorescent Agent | Price By Report | |
| 0603T | Monitoring Of Kidney Filtration Rate Using Skin Sensor And Multiple Doses Of Fluorescent Agent | Price By Report | |
| 0604T | Provision Of Device And Patient Education For Remote Oct Imaging Of Retina | Price By Report | |
| 0605T | Technical Support, Data Analyses And Report Of Remote Oct Imaging Of Retina | Price By Report | |
| 0606T | Physician Review, Interpretation And Report Of Remote Oct Imaging Of Retina | Price By Report | |
| 0607T | Set-Up And Patient Education For Remote Monitoring Of Lung Fluid Monitoring System | Price By Report | |
| 0608T | Data Analysis And Report Transmission To Health Care Professional For Remote Monitoring Of Lung Fluid Monitoring System | Price By Report | |
| 0609T | Acquisition Of Mr Spectroscopy Data On Biomarkers For Spinal Disc Pain | Price By Report | |
| 0610T | Transmission Of Mr Spectroscopy Data On Biomarkers For Spinal Disc Pain | Price By Report | |
| 0611T | Analysis Of Mr Spectroscopy Data On Biomarkers For Spinal Disc Pain | Price By Report | |
| 0612T | Interpretation And Report Of Mr Spectroscopy Data On Biomarkers For Spinal Disc Pain | Price By Report | |
| 0613T | Implantation Of Shunt In Partition Between Upper Heart Chambers Via Catheter, Accessed Through Skin | Price By Report | |
| 0614T | Removal And Replacement Of Substernal Implantable Defibrillator Pulse Generator | Price By Report | |
| 0615T | Eye-Movement Analysis With Interpretation And Report | Price By Report | |
| 0616T | Insertion Of Iris Prosthesis Into Eye | Price By Report | |
| 0617T | Insertion Of Iris Prosthesis Into Eye With Removal Of Lens And Insertion Of Artificial Lens | Price By Report | |
| 0618T | Insertion Of Iris Prosthesis Into Eye With Insertion Or Replacement Of Artificial Lens | Price By Report | |
| 0619T | Examination Of Urethra And Bladder With Incision Of Opening Of Prostate Gland And Drug Delivery Using Endoscope | Price By Report | |
| 0620T | Insertion Of Stent To Shunt Arterial Blood To Deep Vein Of Lower Leg Via Catheter Using Imaging Guidance | Price By Report | |
| 0621T | Laser Incision Of Drainage Tissue Within Eye (Trabecular Meshwork) | Price By Report | |
| 0622T | Laser Incision Of Drainage Tissue Within Eye (Trabecular Meshwork) Using Ocular Endoscope | Price By Report | |
| 0623T | Preparation, Transmission And Computerized Analysis Of Ct Angiography Data On Plaque In Heart Arteries, With Review, Interpretation, And Report | Price By Report | |
| 0624T | Preparation And Transmission Of Ct Angiography Data On Plaque In Heart Arteries | Price By Report | |
| 0625T | Computerized Analysis Of Ct Angiography Data On Plaque In Heart Arteries | Price By Report | |
| 0626T | Review Of Computerized Analysis Of Ct Angiography Data On Plaque In Heart Arteries, With Interpretation, And Report | Price By Report | |
| 0627T | Injection Of Cell Or Tissue-Based Material Into Spinal Disc Of Lower Back Accessed Through Skin, First Level | Price By Report | |
| 0628T | Injection Of Cell Or Tissue-Based Material Into Spinal Disc Of Lower Back Accessed Through Skin, Each Additional Level | Price By Report | |
| 0629T | Injection Of Cell Or Tissue-Based Material Into Spinal Disc Of Lower Back Accessed Through Skin Using Ct Imaging Guidance, First Level | Price By Report | |
| 0630T | Injection Of Cell Or Tissue-Based Material Into Spinal Disc Of Lower Back Accessed Through Skin Using Ct Imaging Guidance, Each Additional Level | Price By Report | |
| 0631T | Measurement Of Oxygenation Of Limb Using Visible Light Imaging, With Interpretation And Report | Price By Report | |
| 0632T | Destruction Of Nerves To Main Arteries Of Lung, Accessed Through Skin Via Catheter Using Imaging Guidance | Price By Report | |
| 0633T | Ct Of One Breast With 3D Rendering | Price By Report | |
| 0634T | Ct Of One Breast With Contrast And 3D Rendering | Price By Report | |
| 0635T | Ct Of One Breast Before And After Contrast With 3D Rendering | Price By Report | |
| 0636T | Ct Of Both Breasts With 3D Rendering | Price By Report | |
| 0637T | Ct Of Both Breasts With Contrast And 3D Rendering | Price By Report | |
| 0638T | Ct Of Both Breasts Before And After Contrast With 3D Rendering | Price By Report | |
| 0639T | Wireless Skin Sensor Evaluation Of Flow In Cerebrospinal Fluid Shunt Using Ultrasound Guidance | Price By Report | |
| 0742T | Spect Measurement Of Blood Flow To Heart Muscle | Price By Report | |
| 0744T | Insertion Of Bioprosthetic Valve In Vein Of Thigh (Femoral Vein) | Price By Report | |
| 0775T | Fusion Of Sacroiliac Joint Between Spine And Pelvis With Bone Graft, Accessed Through Skin Using Imaging Guidance | Price By Report | |
| 0780T | Instillation Of Stool Microorganism Suspension Via Rectal Enema Into Lower Digestive Tract | Price By Report | |
| 0781T | Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Mainstem Airway On One Side Of Body Using Endoscope | Price By Report | |
| 0782T | Insertion Of Protection Device In Esophagus And Radiofrequency Destruction Of Nerves To Lung In Both Mainstem Airways Using Endoscope | Price By Report | |
| 0792T | Appl slvr diamn fluoride 38% | Price by Report | |

| Code | Description | Fee | Prior Auth Status |
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| 0793T | Percutaneous Transcatheter Thermal Ablation Of Pulmonary Artery Nerves, Including Right Heart Catheterization, Pulmonary Artery Angiography, And All Imaging Guidance | Price By Report | |
| 0794T | Patient-Specific, Assistive, Rules-Based Algorithm For Ranking Cancer Drug Treatment Options Based On The Patient'S Tumor-Specific Cancer Marker Information Obtained From Previous Laboratory Testing Which Have Been Previously Interpreted And Reported Separately | Price By Report | |
| 0797T | Transcatheter Insertion Of A Permanent Dual Chamber Leadless Pacemaker Using Fluoroscopy And Device Interrogation Of Right Ventricular Pacemaker Component | Price By Report | |
| 0800T | Transcatheter Removal Of The Right Ventricular Component Of A Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy | Price By Report | |
| 0803T | Transcatheter Removal And Replacement Of Permanent Dual-Chamber Leadless Pacemaker Using Fluoroscopy And Device Interrogation Of Right Ventricular Component | Price By Report | |
| 0804T | In-Person Programming Device Evaluation Of Dual-Chamber Leadless Pacemaker With Adjustment Of The Device To Test Function And To Select Optimal Permanent Values, With Analysis, Review And Report By A Physician Or Other Qualified Health Care Professional | Price By Report | |
| 0805T | Implantation Of A Superior And Inferior Vena Cava Artificial Valve Using The Femoral Vein Through The Skin | Price By Report | |
| 0806T | Open Implantation Of A Superior And Inferior Vena Cava Artificial Valve Using The Femoral Vein | Price By Report | |
| 0807T | Analysis Of Lung Tissue Ventilation Using Software-Based Processing Of Cinefluorography Images And Previously Acquired Ct Images, Including Data Preparation And Transmission, Evaluation Of Lung Tissue Ventilation Data, Review, Interpretation, And Report | Price By Report | |
| 0808T | Analysis Of Lung Tissue Ventilation Using Software-Based Processing Of Cinefluorography Images And Ct Images Taken For The Purpose Of Lung Tissue Ventilation Analysis, Including Data Preparation And Transmission, Evaluation Of Lung Tissue Ventilation Data, Review, Interpretation, And Report | Price By Report | |
| 0809T | Sacroiliac Joint Fusion, With Image Guidance, Placement Of Transfixing Device(S) And Intra-Articular Implant(S), Including Tissue Graft Or Synthetic Device(S), Through The Skin | Price By Report | |
| A2014 | Omeza Collagen Matrix, Per 100 Mg | Price By Report | |
| A2015 | Phoenix Wound Matrix, Per Square Centimeter | Price By Report | |
| A2016 | Permeaderm B, Per Square Centimeter | Price By Report | |
| A2017 | Permeaderm Glove, Each | Price By Report | |
| A2018 | Permeaderm C, Per Square Centimeter | Price By Report | |
| A2019 | Kerecis Omega3 Marigen Shield, Per Square Centimeter | Price By Report | |
| A2020 | Ac5 Advanced Wound System (Ac5) | Price By Report | |
| A2021 | Neomatrix, Per Square Centimeter | Price By Report | |
| A9503 | Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Technetium Tc 99M, Medronate, Up To 30 Mci | \$16.80 | |
| A9504 | Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Technetium Tc 99M Apcitide | \$527.96 | |
| A9505 | Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Thallous Chloride Tl 201, Per Mci | \$35.53 | |
| A9507 | Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Indium In 111 Capromab Pendetide, Per Dose | \$2,586.47 | |
| A9508 | Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Iobenguane Sulfate I-131, Per 0.5 Mci | Price By Report | |
| A9510 | Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Technetium Tc99M Disofenin, Per Vial | \$66.60 | |
| A9524 | Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Iodinated I-131 Serum Albumin, 5 Microcuries | Price By Report | |
| A9526 | Supply Of Radiopharmaceutical Diagnostic Imaging Agent, Ammonia N-13, Per Dose | Price By Report | |
| A9699 | Radiopharmaceutical, Therapeutic, Not Otherwise Classified | \$30.45 | Purchase |
| A9700 | Supply Of Injectable Contrast Material For Use In Echocardiography, Per Study | \$275.63 | Purchase |
| C1747 | Endoscope, Single-Use (I.E. Disposable), Urinary Tract, Imaging/Illumination Device (Insertable) | Price By Report | |
| C1826 | Generator, Neurostimulator (Implantable), Includes Closed Feedback Loop Leads And All Implantable Components, With Rechargeable Battery And Charging System | Price By Report | |
| C1827 | Generator, Neurostimulator (Implantable), Non-Rechargeable, With Implantable Stimulation Lead And External Paired Stimulation Controller | Price By Report | |
| C1831 | Personalized, Anterior And Lateral Interbody Cage (Implantable) | Price By Report | |
| C1832 | Autograft Suspension, Including Cell Processing And Application, And All System Components | Price By Report | |
| C1833 | Monitor, Cardiac, Including Intracardiac Lead And All System Components (Implantable) | Price By Report | |
| C2623 | Catheter, Transluminal Angioplasty, Drug-Coated, Non-Laser | \$1.09 | |
| C7500 | Debridement, Bone Including Epidermis, Dermis, Subcutaneous Tissue, Muscle And/Or Fascia, If Performed, First 20 Sq Cm Or Less With Manual Preparation And Insertion Of Deep (Eg, Subfacial) Drug-Delivery Device(S) | Price By Report | |
| C7501 | Percutaneous Breast Biopsies Using Stereotactic Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral And Bilateral (For Single Lesion Biopsy, Use Appropriate Code) | Price By Report | |
| C7502 | Percutaneous Breast Biopsies Using Magnetic Resonance Guidance, With Placement Of Breast Localization Device(S) (Eg, Clip, Metallic Pellet), When Performed, And Imaging Of The Biopsy Specimen, When Performed, All Lesions Unilateral Or Bilateral (For Single Lesion Biopsy, Use Appropriate Code) | Price By Report | |
| C7503 | Open Biopsy Or Excision Of Deep Cervical Node(S) With Intraoperative Identification (Eg, Mapping) Of Sentinel Lymph Node(S) Including Injection Of Non-Radioactive Dye When Performed | Price By Report | |
| C7504 | Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Cervicothoracic And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance | Price By Report | |
| C7505 | Percutaneous Vertebroplasties (Bone Biopsies Included When Performed), First Lumbosacral And Any Additional Cervicothoracic Or Lumbosacral Vertebral Bodies, Unilateral Or Bilateral Injection, Inclusive Of All Imaging Guidance | Price By Report | |
| C7506 | Arthrodesis, Interphalangeal Joints, With Or Without Internal Fixation | Price By Report | |
| C7507 | Percutaneous Vertebral Augmentations, First Thoracic And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), Unilateral Or Bilateral Cannulations, Inclusive Of All Imaging Guidance | Price By Report | |
| C7508 | Percutaneous Vertebral Augmentations, First Lumbar And Any Additional Thoracic Or Lumbar Vertebral Bodies, Including Cavity Creations (Fracture Reductions And Bone Biopsies Included When Performed) Using Mechanical Device (Eg, Kyphoplasty), Unilateral Or Bilateral Cannulations, Inclusive Of All Imaging Guidance | Price By Report | |
| C7509 | Bronchoscopy, Rigid Or Flexible, Diagnostic With Cell Washing(S) When Performed, With Computer-Assisted Image-Guided Navigation, Including Fluoroscopic Guidance When Performed | Price By Report | |
| C7510 | Bronchoscopy, Rigid Or Flexible, With Bronchial Alveolar Lavage(S), With Computer-Assisted Image-Guided Navigation, Including Fluoroscopic Guidance When Performed | Price By Report | |
| C7511 | Bronchoscopy, Rigid Or Flexible, With Single Or Multiple Bronchial Or Endobronchial Biopsy(ies), Single Or Multiple Sites, With Computer-Assisted Image-Guided Navigation, Including Fluoroscopic Guidance When Performed | Price By Report | |
| C7512 | Bronchoscopy, Rigid Or Flexible, With Single Or Multiple Bronchial Or Endobronchial Biopsy(ies), Single Or Multiple Sites, With Transendoscopic Endobronchial Ultrasound (Ebus) During Bronchoscopic Diagnostic Or Therapeutic Intervention(S) For Peripheral Lesion(S), Including Fluoroscopic Guidance When Performed | Price By Report | |
| C7513 | Dialysis Circuit, Introduction Of Needle(S) And/Or Catheter(S), With Diagnostic Angiography Of The Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast, All Necessary Imaging From The Arterial Anastomosis And Adjacent Artery Through Entire Venous Outflow Including The Inferior Or Superior Vena Cava, Fluoroscopic Guidance, With Transluminal Balloon Angioplasty Of Central Dialysis Segment, Performed Through Dialysis Circuit, Including All Required Imaging, Radiological Supervision And Interpretation, Image Documentation And Report | Price By Report | |
| C7514 | Dialysis Circuit, Introduction Of Needle(S) And/Or Catheter(S), With Diagnostic Angiography Of The Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast, All Necessary Imaging From The Arterial Anastomosis And Adjacent Artery Through Entire Venous Outflow Including The Inferior Or Superior Vena Cava, Fluoroscopic Guidance, With All Angioplasty In The Central Dialysis Segment, And Transcatheter Placement Of Intravascular Stent(S), Central Dialysis Segment, Performed Through Dialysis Circuit, Including All Required Imaging, Radiological Supervision And Interpretation, Image Documentation And Report | Price By Report | |

| Code | Description | Fee | Prior Auth Status |
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| C7515 | Dialysis Circuit, Introduction Of Needle(S) And/Or Catheter(S), With Diagnostic Angiography Of The Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast, All Necessary Imaging From The Arterial Anastomosis And Adjacent Artery Through Entire Venous Outflow Including The Inferior Or Superior Vena Cava, Fluoroscopic Guidance, With Dialysis Circuit Permanent Endovascular Embolization Or Occlusion Of Main Circuit Or Any Accessory Veins, Including All Required Imaging, Radiological Supervision And Interpretation, Image Documentation And Report | Price By Report | |
| C7516 | Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, With Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging Supervision, Interpretation And Report | Price By Report | |
| C7517 | Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, With Iliac And/Or Femoral Artery Angiography, Non-Selective, Bilateral Or Ipsilateral To Catheter Insertion, Performed At The Same Time As Cardiac Catheterization And/Or Coronary Angiography, Includes Positioning Or Placement Of The Catheter In The Distal Aorta Or Ipsilateral Femoral Or Iliac Artery, Injection Of Dye, Production Of Permanent Images, And Radiologic Supervision And Interpretation | Price By Report | |
| C7518 | Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) Including Intraprocedural Injection(S) For Bypass Graft Angiography With Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging, Supervision, Interpretation And Report | Price By Report | |
| C7519 | Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) Including Intraprocedural Injection(S) For Bypass Graft Angiography With Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Initial Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress | Price By Report | |
| C7520 | Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) Includes Intraprocedural Injection(S) For Bypass Graft Angiography With Iliac And/Or Femoral Artery Angiography, Non-Selective, Bilateral Or Ipsilateral To Catheter Insertion, Performed At The Same Time As Cardiac Catheterization And/Or Coronary Angiography, Includes Positioning Or Placement Of The Catheter In The Distal Aorta Or Ipsilateral Femoral Or Iliac Artery, Injection Of Dye, Production Of Permanent Images, And Radiologic Supervision And Interpretation | Price By Report | |
| C7521 | Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography With Right Heart Catheterization With Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging Supervision, Interpretation And Report | Price By Report | |
| C7522 | Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation With Right Heart Catheterization, With Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Initial Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress | Price By Report | |
| C7523 | Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When Performed, With Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging Supervision, Interpretation And Report | Price By Report | |
| C7524 | Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When Performed, With Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Initial Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress | Price By Report | |
| C7525 | Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When Performed, Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) With Bypass Graft Angiography With Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging Supervision, Interpretation And Report | Price By Report | |
| C7526 | Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When Performed, Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) With Bypass Graft Angiography With Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Initial Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress | Price By Report | |
| C7527 | Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Right And Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When Performed, With Endoluminal Imaging Of Initial Coronary Vessel Or Graft Using Intravascular Ultrasound (Ivus) Or Optical Coherence Tomography (Oct) During Diagnostic Evaluation And/Or Therapeutic Intervention Including Imaging Supervision, Interpretation And Report | Price By Report | |
| C7528 | Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Right And Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When Performed, With Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Initial Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress | Price By Report | |
| C7529 | Catheter Placement In Coronary Artery(les) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation, With Right And Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When Performed, Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) With Bypass Graft Angiography With Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Initial Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress | Price By Report | |
| C7530 | Dialysis Circuit, Introduction Of Needle(S) And/Or Catheter(S), With Diagnostic Angiography Of The Dialysis Circuit, Including All Direct Puncture(S) And Catheter Placement(S), Injection(S) Of Contrast, All Necessary Imaging From The Arterial Anastomosis And Adjacent Artery Through Entire Venous Outflow Including The Inferior Or Superior Vena Cava, Fluoroscopic Guidance, With Transluminal Balloon Angioplasty, Peripheral Dialysis Segment, Including All Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty And All Angioplasty In The Central Dialysis Segment, With Transcatheter Placement Of Intravascular Stent(S), Central Dialysis Segment, Performed Through Dialysis Circuit, Including All Imaging, Radiological Supervision And Interpretation, Documentation And Report | Price By Report | |
| C7531 | Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(les), Unilateral, With Transluminal Angioplasty With Intravascular Ultrasound (Initial Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation | Price By Report | |
| C7532 | Transluminal Balloon Angioplasty (Except Lower Extremity Artery(les) For Occlusive Disease, Intracranial, Coronary, Pulmonary, Or Dialysis Circuit), Initial Artery, Open Or Percutaneous, Including All Imaging And Radiological Supervision And Interpretation Necessary To Perform The Angioplasty Within The Same Artery, With Intravascular Ultrasound (Initial Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation | Price By Report | |
| C7533 | Percutaneous Transluminal Coronary Angioplasty, Single Major Coronary Artery Or Branch With Transcatheter Placement Of Radiation Delivery Device For Subsequent Coronary Intravascular Brachytherapy | Price By Report | |
| C7534 | Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(les), Unilateral, With Atherectomy, Includes Angioplasty Within The Same Vessel, When Performed With Intravascular Ultrasound (Initial Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation | Price By Report | |

| Code | Description | Fee | Prior Auth Status |
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| C7535 | Revascularization, Endovascular, Open Or Percutaneous, Femoral, Popliteal Artery(ies), Unilateral, With Transluminal Stent Placement(S), Includes Angioplasty Within The Same Vessel, When Performed, With Intravascular Ultrasound (Initial Noncoronary Vessel) During Diagnostic Evaluation And/Or Therapeutic Intervention, Including Radiological Supervision And Interpretation | Price By Report | |
| C7537 | Insertion Of New Or Replacement Of Permanent Pacemaker With Atrial Transvenous Electrode(S), With Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, At Time Of Insertion Of Implantable Defibrillator Or Pacemaker Pulse Generator (Eg, For Upgrade To Dual Chamber System) | Price By Report | |
| C7538 | Insertion Of New Or Replacement Of Permanent Pacemaker With Ventricular Transvenous Electrode(S), With Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, At Time Of Insertion Of Implantable Defibrillator Or Pacemaker Pulse Generator (Eg, For Upgrade To Dual Chamber System) | Price By Report | |
| C7539 | Insertion Of New Or Replacement Of Permanent Pacemaker With Atrial And Ventricular Transvenous Electrode(S), With Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, At Time Of Insertion Of Implantable Defibrillator Or Pacemaker Pulse Generator (Eg, For Upgrade To Dual Chamber System) | Price By Report | |
| C7540 | Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator, Dual Lead System, With Insertion Of Pacing Electrode, Cardiac Venous System, For Left Ventricular Pacing, At Time Of Insertion Of Implantable Defibrillator Or Pacemaker Pulse Generator (Eg, For Upgrade To Dual Chamber System) | Price By Report | |
| C7541 | Diagnostic Endoscopic Retrograde Cholangiopancreatography (ErCP), Including Collection Of Specimen(S) By Brushing Or Washing, When Performed, With Endoscopic Cannulation Of Papilla With Direct Visualization Of Pancreatic/Common Bile Ducts(S) | Price By Report | |
| C7542 | Endoscopic Retrograde Cholangiopancreatography (ErCP) With Biopsy, Single Or Multiple, With Endoscopic Cannulation Of Papilla With Direct Visualization Of Pancreatic/Common Bile Ducts(S) | Price By Report | |
| C7543 | Endoscopic Retrograde Cholangiopancreatography (ErCP) With Sphincterotomy/Papillotomy, With Endoscopic Cannulation Of Papilla With Direct Visualization Of Pancreatic/Common Bile Ducts(S) | Price By Report | |
| C7544 | Endoscopic Retrograde Cholangiopancreatography (ErCP) With Removal Of Calculi/Debris From Biliary/Pancreatic Duct(S), With Endoscopic Cannulation Of Papilla With Direct Visualization Of Pancreatic/Common Bile Ducts(S) | Price By Report | |
| C7545 | Percutaneous Exchange Of Biliary Drainage Catheter (Eg, External, Internal-External, Or Conversion Of Internal-External To External Only), With Removal Of Calculi/Debris From Biliary Duct(S) And/Or Gallbladder, Including Destruction Of Calculi By Any Method (Eg, Mechanical, Electrohydraulic, Lithotripsy) When Performed, Including Diagnostic Cholangiography(ies) When Performed, Imaging Guidance (Eg, Fluoroscopy), And All Associated Radiological Supervision And Interpretation | Price By Report | |
| C7546 | Removal And Replacement Of Externally Accessible Nephroureteral Catheter (Eg, External/Internal Stent) Requiring Fluoroscopic Guidance, With Ureteral Stricture Balloon Dilation, Including Imaging Guidance And All Associated Radiological Supervision And Interpretation | Price By Report | |
| C7547 | Convert Nephrostomy Catheter To Nephroureteral Catheter, Percutaneous Via Pre-Existing Nephrostomy Tract, With Ureteral Stricture Balloon Dilation, Including Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation | Price By Report | |
| C7548 | Exchange Nephrostomy Catheter, Percutaneous, With Ureteral Stricture Balloon Dilation, Including Diagnostic Nephrostogram And/Or Ureterogram When Performed, Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation | Price By Report | |
| C7549 | Change Of Ureterostomy Tube Or Externally Accessible Ureteral Stent Via Ileal Conduit With Ureteral Stricture Balloon Dilation, Including Imaging Guidance (Eg, Ultrasound And/Or Fluoroscopy) And All Associated Radiological Supervision And Interpretation | Price By Report | |
| C7550 | Cystourethroscopy, With Biopsy(ies) With Adjunctive Blue Light Cystoscopy With Fluorescent Imaging Agent | Price By Report | |
| C7551 | Excision Of Major Peripheral Nerve Neuroma, Except Sciatic, With Implantation Of Nerve End Into Bone Or Muscle | Price By Report | |
| C7552 | Catheter Placement In Coronary Artery(S) For Coronary Angiography, Including Intraprocedural Injection(S) For Coronary Angiography, Imaging Supervision And Interpretation; With Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) Including Intraprocedural Injection(S) For Bypass Graft Angiography And Right Heart Catheterization With Intravascular Doppler Velocity And/Or Pressure Derived Coronary Flow Reserve Measurement (Coronary Vessel Or Graft) During Coronary Angiography Including Pharmacologically Induced Stress, Initial Vessel | Price By Report | |
| C7553 | Supervision And Interpretation; With Right And Left Heart Catheterization Including Intraprocedural Injection(S) For Left Ventriculography, When Performed, Catheter Placement(S) In Bypass Graft(S) (Internal Mammary, Free Arterial, Venous Grafts) With Bypass Graft Angiography With Pharmacologic Agent Administration (Eg, Inhaled Nitric Oxide, Intravenous Infusion Of Nitroprusside, Dobutamine, Milrinone, Or Other Agent) Including Assessing Hemodynamic Measurements Before, During, After And Repeat Pharmacologic Agent Administration, When Performed | Price By Report | |
| C7554 | Cystourethroscopy With Adjunctive Blue Light Cystoscopy With Fluorescent Imaging Agent | Price By Report | |
| C7555 | Thyroidectomy, Total Or Complete With Parathyroid Autotransplantation | Price By Report | |
| C9739 | Cystourethroscopy, With Insertion Of Transprostatic Implant; 1 To 3 Implants | \$1,273.21 | |
| C9740 | Cystourethroscopy, With Insertion Of Transprostatic Implant; 4 Or More Implants | \$2,901.93 | |
| C9779 | Endoscopic Submucosal Dissection (Esd), Including Endoscopy Or Colonoscopy, Mucosal Closure, When Performed | Price By Report | |
| C9784 | Gastric Restrictive Procedure, Endoscopic Sleeve Gastropasty, With Esophagogastroduodenoscopy And Intraluminal Tube Insertion, If Performed, Including All System And Tissue Anchoring Components | Price By Report | PA Required |
| C9785 | Endoscopic Outlet Reduction, Gastric Pouch Application, With Endoscopy And Intraluminal Tube Insertion, If Performed, Including All System And Tissue Anchoring Components | Price By Report | PA Required |
| C9786 | Echocardiography Image Post Processing For Computer Aided Detection Of Heart Failure With Preserved Ejection Fraction, Including Interpretation And Report | Price By Report | |
| C9787 | Gastric Electrophysiology Mapping With Simultaneous Patient Symptom Profiling | Price By Report | |
| D9222 | Deep Sedation/General Anesthesia - First 15 Minutes | \$117.26 | |
| D9223 | Deep Sedation/General Anesthesia - Each Subsequent 15 Minute Increment | \$117.26 | |
| D9239 | Intravenous Moderate (Conscious) Sedation/Analgesia - First 15 Minutes | \$89.70 | |
| D9243 | Intravenous Moderate (Conscious) Sedation/Analgesia - Each Subsequent 15 Minute Increment | \$89.70 | |
| G0101 | Cervical Or Vaginal Cancer Screening; Pelvic And Clinical Breast Examination | \$47.06 | |
| G0102 | Prostate Cancer Screening; Digital Rectal Examination | \$22.03 | |
| G0104 | Colorectal Cancer Screening; Flexible Sigmoidoscopy | \$178.74 | |
| G0105 | Colorectal Cancer Screening; Colonoscopy On Individual At High Risk | \$500.58 | |
| G0106 | Colorectal Cancer Screening; Alternative To G0104, Screening Sigmoidoscopy, Barium Enema | \$281.83 | |
| G0117 | Glaucoma Screening For High Risk Patients Furnished By An Optometrist Or Ophthalmologist | \$60.07 | |
| G0118 | Glaucoma Screening For High Risk Patient Furnished Under The Direct Supervision Of An Optometrist Or Ophthalmologist | \$40.34 | |
| G0120 | Colorectal Cancer Screening; Alternative To G0105, Screening Colonoscopy, Barium Enema. | \$221.33 | |
| G0121 | Colorectal Cancer Screening; Colonoscopy On Individual Not Meeting Criteria For High Risk | \$365.63 | |
| G0128 | Facility, Each 10 Minutes Beyond The First 5 Minutes | \$8.28 | |
| G0129 | Hospitalization Treatment Program, Per Session (45 Minutes Or More) | Price By Report | |
| G0130 | Single Energy X-Ray Absorptiometry (Sexa) Bone Density Study, One Or More Sites; Appendicular Skeleton (Peripheral) (Eg, Radius, Wrist, Heel) | \$34.57 | |
| G0151 | Services Performed By A Qualified Physical Therapist In The Home Health Or Hospice Setting, Each 15 Minutes | \$28.53 | |
| G0152 | Services Performed By A Qualified Occupational Therapist In The Home Health Or Hospice Setting, Each 15 Minutes | \$28.53 | |
| G0153 | Services Performed By A Qualified Speech-Language Pathologist In The Home Health Or Hospice Setting, Each 15 Minutes | \$22.62 | |
| G0155 | Services Of Clinical Social Worker In Home Health Or Hospice Settings, Each 15 Minutes | \$31.32 | |
| G0156 | Services Of Home Health/Hospice Aide In Home Health Or Hospice Settings, Each 15 Minutes | \$8.92 | |
| G0159 | Services Performed By A Qualified Physical Therapist, In The Home Health Setting, In Establishment/Delivery Of Safe P.E. Maintenance Program, Each 15 Min | Price By Report | |

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| G0160 | Services Performed By A Qualified Occupational Therapist, In The Home Health Setting, In Establishment/Delivery Of O.T. Maintenance Program, Each 15 Min | Price By Report | |
| G0166 | External Counterpulsation, Per Treatment Session | \$104.12 | |
| G0175 | Scheduled Interdisciplinary Team Conference (Minimum Of Three Exclusive Of Patient Care Nursing Staff) With Patient Present | Price By Report | |
| G0186 | Destruction Of Localized Lesion Of Choroid (For Example, Choroidal Neovascularization); Photocoagulation, Feeder Vessel Technique (One Or More Sessions) | Price By Report | |
| G0237 | Therapeutic Procedures To Increase Strength Or Endurance Of Respiratory Muscles, Face To Face, One On One, Each 15 Minutes (Includes Monitoring) | \$9.60 | |
| G0238 | Therapeutic Procedures To Improve Respiratory Function, Other Than Described By G0237, One On One, Face To Face, Per 15 Minutes (Includes Monitoring) | \$9.60 | |
| G0239 | Therapeutic Procedures To Improve Respiratory Function Or Increase Strength Or Endurance Of Respiratory Muscles, Two Or More Individuals (Includes Monitoring) | \$12.21 | |
| G0256 | Prostate Brachytherapy Using Permanently Implanted Palladium Seeds, Including Transperitoneal Placement Of Needles Or Catheters Into The Prostate, Cystoscopy And Application Of Permanent Interstitial Radiation Source | Price By Report | |
| G0257 | Unscheduled Or Emergency Dialysis Treatment For An Esrd Patient In A Hospital Outpatient Department That Is Not Certified As An Esrd Facility | Price By Report | |
| G0259 | Injection Procedure For Sacroiliac Joint; Arthrography | Price By Report | |
| G0260 | Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Steroid And/Or Other Therapeutic Agent And Arthrography | Price By Report | |
| G0268 | Removal Of Impacted Cerumen (One Or Both Ears) By Physician On Same Date Of Service As Audiologic Function Testing | \$52.79 | |
| G0269 | Placement Of Occlusive Device Into Either A Venous Or Arterial Access Site, Post Surgical Or Interventional Procedure (E.G. Angioseal Plug, Vascular Plug) | Price By Report | |
| G0277 | Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30 Minute Interval | \$170.28 | PA Required |
| G0278 | Iliac Artery Angiography Performed At The Same Time Of Cardiac Catheterization, Includes Catheter Placement, Injection Of Dye, Radiologic Supervision And Interpretation And Production Of Images (List Separately In Addition To Primary Procedure) | \$11.92 | |
| G0288 | Reconstruction, Computed Tomographic Angiography Of Aorta For Surgical Planning For Vascular Surgery | \$34.66 | |
| G0293 | Noncovered Surgical Procedure(S) Using Conscious Sedation, Regional, General Or Spinal Anesthesia In A Medicare Qualifying Clinical Trial, Per Day | Price By Report | |
| G0294 | Noncovered Procedure(S) Using Either No Anesthesia Or Local Anesthesia Only, In A Medicare Qualifying Clinical Trial, Per Day | Price By Report | |
| G0298 | Insertion Of Dual Chamber Pacing Cardioverter Defibrillator Pulse Generator | Price By Report | |
| G0299 | Direct Skilled Nursing Services Of A Registered Nurse (Rn) In The Home Health Or Hospice Setting, Each 15 Minutes | \$21.42 | |
| G0300 | Direct Skilled Nursing Services Of A Licensed Practical Nurse (Lpn) In The Home Health Or Hospice Setting, Each 15 Minutes | \$17.82 | |
| G0302 | Pre-Operative Pulmonary Surgery Services For Preparation For Lvr's, Complete Course Of Services, To Include A Minimum Of 16 Days Of Services | Price By Report | |
| G0303 | Pre-Operative Pulmonary Surgery Services For Preparation For Lvr's, 10 To 15 Days Of Services | Price By Report | |
| G0304 | Pre-Operative Pulmonary Surgery Services For Preparation For Lvr's, 1 To 9 Days Of Services | Price By Report | |
| G0305 | Post-Discharge Pulmonary Surgery Services After Lvr's, Minimum Of 6 Days Of Services | Price By Report | |
| G0312 | Immunization Counseling By A Physician Or Other Qualified Health Care Professional When The Vaccine(S) Is Not Administered On The Same Date Of Service For Ages Under 21, 5 To 15 Mins Time (This Code Is Used For Medicaid Billing Purposes) | \$5.79 | |
| G0313 | Immunization Counseling By A Physician Or Other Qualified Health Care Professional When The Vaccine(S) Is Not Administered On The Same Date Of Service For Ages Under 21, 16-30 Mins Time (This Code Is Used For Medicaid Billing Purposes) | \$11.57 | |
| G0314 | Immunization Counseling By A Physician Or Other Qualified Health Care Professional For Covid-19, Ages Under 21, 16-30 Mins Time (This Code Is Used For The Medicaid Early And Periodic Screening, Diagnostic, And Treatment Benefit (Epsdt)) | \$11.57 | |
| G0315 | Immunization Counseling By A Physician Or Other Qualified Health Care Professional For Covid-19, Ages Under 21, 5-15 Mins Time (This Code Is Used For The Medicaid Early And Periodic Screening, Diagnostic, And Treatment Benefit (Epsdt)) | \$5.51 | |
| G0316 | Prolonged Hospital Inpatient Or Observation Care Evaluation And Management Service(S) Beyond The Total Time For The Primary Service (When The Primary Service Has Been Selected Using Time On The Date Of The Primary Service); Each Additional 15 Minutes By The Physician Or Qualified Healthcare Professional, With Or Without Direct Patient Contact (List Separately In Addition To Cpt Codes 99223, 99233, And 99236 For Hospital Inpatient Or Observation Care Evaluation And Management Services). (Do Not Report G0316 On The Same Date Of Service As Other Prolonged Services For Evaluation And Management 99358, 99359, 99418, 99415, 99416). (Do Not Report G0316 For Any Time Unit Less Than 15 Minutes) | \$27.89 | |
| G0317 | Prolonged Nursing Facility Evaluation And Management Service(S) Beyond The Total Time For The Primary Service (When The Primary Service Has Been Selected Using Time On The Date Of The Primary Service); Each Additional 15 Minutes By The Physician Or Qualified Healthcare Professional, With Or Without Direct Patient Contact (List Separately In Addition To Cpt Codes 99306, 99310 For Nursing Facility Evaluation And Management Services). (Do Not Report G0317 On The Same Date Of Service As Other Prolonged Services For Evaluation And Management 99358, 99359, 99418). (Do Not Report G0317 For Any Time Unit Less Than 15 Minutes) | \$27.89 | |
| G0318 | Prolonged Home Or Residence Evaluation And Management Service(S) Beyond The Total Time For The Primary Service (When The Primary Service Has Been Selected Using Time On The Date Of The Primary Service); Each Additional 15 Minutes By The Physician Or Qualified Healthcare Professional, With Or Without Direct Patient Contact (List Separately In Addition To Cpt Codes 99345, 99350 For Home Or Residence Evaluation And Management Services). (Do Not Report G0318 On The Same Date Of Service As Other Prolonged Services For Evaluation And Management 99358, 99359, 99417). (Do Not Report G0318 For Any Time Unit Less Than 15 Minutes) | \$27.28 | |
| G0330 | Facility Services For Dental Rehabilitation Procedure(S) Performed On A Patient Who Requires Monitored Anesthesia (E.G., General, Intravenous Sedation (Monitored Anesthesia Care) And Use Of An Operating Room | Price By Report | |
| G0339 | Fractionated Treatment | Price By Report | |
| G0340 | Fractionated Treatment, All Lesions, Per Session, Second Through Fifth Sessions, Maximum Five Sessions Per Course Of | Price By Report | |
| G0341 | Percutaneous Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion | \$1,654.43 | |
| G0342 | Laparoscopy For Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion | \$672.51 | |
| G0343 | Laparotomy For Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion | \$1,102.92 | |
| G0378 | Hospital Observation Service, Per Hour | Price By Report | |
| G0379 | Direct Admission Of Patient For Hospital Observation Care | Price By Report | |
| G0398 | Respiratory Effort And Oxygen Saturation | Price By Report | |
| G0400 | Home Sleep Test (Hst) With Type Iv Portable Monitor, Unattended; Minimum Of 3 Channels | Price By Report | |
| G0404 | Electrocardiogram, Routine Ecg With 12 Leads; Tracing Only, Without Interpretation And Report, Performed As A Screening For The Initial Preventive Physical Examination | \$5.67 | |
| G0405 | Electrocardiogram, Routine Ecg With 12 Leads; Interpretation And Report Only, Performed As A Screening For The Initial Preventive Physical Examination | \$7.63 | |
| G0410 | Group Psychotherapy Other Than Of A Multiple-Family Group, In A Partial Hospitalization Setting, Approximately 45 To 50 Minutes | Price By Report | |
| G0411 | Interactive Group Psychotherapy, In A Partial Hospitalization Setting, Approximately 45 To 50 Minutes | Price By Report | |
| G0412 | Open Treatment Of Iliac Spine(S), Tuberosity Avulsion, Or Iliac Wing Fracture(S), Unilateral Or Bilateral For Pelvic Bone Fracture Patterns Which Do Not Disrupt The Pelvic Ring Includes Internal Fixation, When Performed | \$658.41 | |
| G0413 | Percutaneous Skeletal Fixation Of Posterior Pelvic Bone Fracture And/Or Dislocation, For Fracture Patterns Which Disrupt The Pelvic Ring, Unilateral Or Bilateral, (Includes Ilium, Sacroiliac Joint And/Or Sacrum) | \$1,070.51 | |
| G0414 | Bilateral, Includes Internal Fixation When Performed (Includes Pubic Symphysis And/Or Superior/Inferior Rami) | \$1,010.92 | |
| G0415 | Bilateral, Includes Internal Fixation, When Performed (Includes Ilium, Sacroiliac Joint And/Or Sacrum) | \$1,236.59 | |
| G0416 | Surgical Pathology, Gross And Microscopic Examinations, For Prostate Needle Biopsy, Any Method | \$336.45 | |
| G0429 | Dermal Filler Injection(S) For The Treatment Of Facial Lipodystrophy Syndrome (Lds) (E.G., As A Result Of Highly Active Antiretroviral Therapy) | \$91.18 | |
| G0445 | And Guidance On How To Change Sexual Behavior; Performed Semi-Annually, 30 Minutes | \$25.31 | |
| G0449 | Annual Face-To-Face Obesity Screening, 15 Minutes | Price By Report | |

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| G0471 | Laboratory On Behalf Of A Home Health Agency (Hha) | \$10.57 | |
| G0498 | Pump/Supplies, With Continuation Of The Infusion In The Community Setting (E.G., Home, Domiciliary, Rest Home Or Assisted Living | Price By Report | |
| G2066 | Recorder System, Or Subcutaneous Cardia Rhythm Monitor System, Remote Data Acquisition(S), Receipt Of Transmissions And Technic | \$28.04 | |
| G2168 | Services Performed By A Physical Therapist Assistant In The Home Health Setting In The Delivery Of A Safe And Effective Physical Therapy Maintenance Program, Each 15 Minutes | Price By Report | |
| G2169 | Services Performed By An Occupational Therapist Assistant In The Home Health Setting In The Delivery Of A Safe And Effective Occupational Therapy Maintenance Program, Each 15 Minutes | Price By Report | |
| G6001 | Ultrasonic Guidance For Placement Of Radiation Therapy Fields | \$126.63 | |
| G6002 | Stereoscopic X-Ray Guidance For Localization Of Target Volume For The Delivery Of Radiation Therapy | \$82.90 | |
| G6003 | Radiation Treatment Delivery, Single Treatment Area,Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: Up To 5 Mev | \$142.04 | |
| G6004 | Radiation Treatment Delivery, Single Treatment Area,Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 6-10 Mev | \$127.65 | |
| G6005 | Radiation Treatment Delivery, Single Treatment Area,Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 11-19 Mev | \$127.65 | |
| G6006 | Radiation Treatment Delivery, Single Treatment Area,Single Port Or Parallel Opposed Ports, Simple Blocks Or No Blocks: 20 Mev Or Greater | \$127.65 | |
| G6007 | Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: Up To 5 Mev | \$235.25 | |
| G6008 | Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: 6-10 Mev | \$175.73 | |
| G6009 | Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: 11-19 Mev | \$175.40 | |
| G6010 | Radiation Treatment Delivery, 2 Separate Treatment Areas, 3 Or More Ports On A Single Treatment Area, Use Of Multiple Blocks: 20 Mev Or Greater | \$174.42 | |
| G6011 | Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; Up To 5 Mev | \$232.74 | |
| G6012 | Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; 6-10 Mev | \$253.87 | |
| G6013 | Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; 11-19 Mev | \$233.08 | |
| G6014 | Radiation Treatment Delivery,3 Or More Separate Treatment Areas, Custom Blocking, Tangential Ports, Wedges, Rotational Beam, Compensators, Electron Beam; 20 Mev Or Greater | \$231.77 | |
| G6015 | Intensity Modulated Treatment Delivery, Single Or Multiple Fields/Arcs, Via Narrow Spatially And Temporally Modulated Beams, Binary, Dynamic Mlc, Per Treatment Session | \$353.43 | |
| G6016 | Compensator-Based Beam Modulation Treatment Delivery Of Inverse Planned Treatment Using 3 Or More High Resolution (Milled Or Cast) Compensator, Convergent Beam Modulated Fields, Per Treatment Session | \$352.98 | |
| G6017 | Intra-Fraction Localization And Tracking Of Target Or Patient Motion During Delivery Of Radiation Therapy (Eg,3D Positional Tracking, Gating, 3D Surface Tracking), Each Fraction Of Treatment | Price By Report | |
| G8664 | Risk-Adjusted Functional Status Change Residual Score For The Shoulder Impairment Successfully Calculated And The Score Was Less Than Zero (< 0) | Price By Report | |
| M0201 | Covid-19 Vaccine Home Admin | \$35.86 | |
| M0799 | Childrens Care Rehab Development Only (Lifescape) | \$41.86 | |
| Q0035 | Cardiokymography | \$16.25 | |
| Q0083 | Chemotherapy Administration By Other Than Infusion Technique Only (Eg Subcutaneous, Intramuscular, Push), Per Visit | Price By Report | |
| Q0084 | Chemotherapy Administration By Infusion Technique Only, Per Visit | Price By Report | |
| Q0085 | Chemotherapy Administration By Both Infusion Technique And Other Techique(S) (Eg Subcutaneous, Intramuscular, Push), Per Visit | Price By Report | |
| Q0091 | Screening Papanicolaou Smear; Obtaining, Preparing And Conveyance Of Cervical Or Vaginal Smear To Laboratory | \$29.83 | |
| Q0488 | Power Pack Base For Use With Electric Ventricular Assist Device, Replacement Only | Price By Report | |
| Q0507 | Miscellaneous Supply Or Accessory For Use With An External Ventricular Assist Device | Price By Report | |
| Q0508 | Miscellaneous Supply Or Accessory For Use With An Implanted Ventricular Assist Device | Price By Report | |
| Q0509 | Miscellaneous Supply Or Accessory For Use With Any Implanted Ventricular Assist Device For Which Payment Was Not Made Under Medicare Part A | Price By Report | |
| Q1004 | New Technology Intraocular Lens Category 4 As Defined In Federal Register Notice | Price By Report | |
| Q1005 | New Technology Intraocular Lens Category 5 As Defined In Federal Register Notice | Price By Report | |
| Q2004 | Irrigation Solution For Treatment Of Bladder Calculi, For Example Renacidin Per 500ML | Price By Report | |
| Q2052 | Services, Supplies And Accessories Used In The Home Under The Medicare Intravenous Immune Globulin (Ivig) Demonstration | Price By Report | |
| Q3001 | Radioelements For Brachytherapy, Any Type | Price By Report | PA Required |
| Q3014 | Telehealth Originating Site Facility Fee | \$30.49 | |
| Q3031 | Collagen Skin Test | \$0.01 | |
| Q4001 | Casting Supplies, Body Cast Adult, With Or Without Head, Plaster | \$52.38 | |
| Q4002 | Cast Supplies, Body Cast Adult, With Or Without Head, Fiberglass | \$197.90 | |
| Q4003 | Cast Supplies, Shoulder Cast, Adult (11 Yrs+), Plaster | \$37.60 | |
| Q4004 | Cast Supplies, Shoulder, Adult (11 Years+), Fiberglass | \$130.20 | |
| Q4005 | Cast Supplies, Long Arm Cast, Adult (11 Years+), Plaster | \$13.87 | |
| Q4006 | Cast Supplies, Long Arm Cast, Adult (11 Years +), Fiberglass. | \$32.68 | |
| Q4007 | Cast Supplies, Long Arm Cast, Pediatric (0-10 Years), Plaster | \$6.98 | |
| Q4008 | Cast Supplies, Long Arm Cast, Pediatric (0 - 10 Years), Fiberglass | \$41.23 | |
| Q4009 | Cast Supplies, Short Arm Cast, Adult (11 Years +), Plaster | \$9.32 | |
| Q4010 | Cast Supplies, Short Arm Cast, Adult (11 Years +), Fiberglass | \$22.16 | |
| Q4011 | Cast Supplies, Short Arm Cast, Pediatric (0-10 Years), Plaster | \$4.62 | |
| Q4012 | Cast Supplies, Short Arm Cast, Pediatric (0 - 10 Years), Fiberglass | \$26.42 | |
| Q4013 | Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Adult (11 Years +), Plaster | \$16.86 | |
| Q4014 | Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Adult (11 Years +), Fiberglass | \$28.59 | |
| Q4015 | Cast Supplies, Gauntlet Cast (Includes Lower Forearm And Hand), Pediatric (0 -10 Years), Plaster | \$8.44 | |
| Q4016 | Cast Supplies, Gauntlet Cast (Incudes Lower Forearm And Hand), Pediatric (0-10 Years), Fiberglass | \$14.30 | |
| Q4017 | Cast Supplies, Long Arm Splint, Adult (11 Years+), Plaster | \$9.47 | |
| Q4018 | Cast Supplies, Long Arm Splint, Adult (11 Years+), Fiberglass | \$15.63 | |
| Q4019 | Cast Supplies, Long Arm Splint, Pediatric (0-10 Years), Plaster | \$4.90 | |
| Q4020 | Cast Supplies, Long Arm Splint, Pediatric (0-10 Years), Fiberglass | \$7.82 | |
| Q4021 | Cast Supplies, Short Arm Splint, Adult (11 Years+), Plaster | \$7.27 | |
| Q4022 | Cast Supplies, Short Arm Splint, Adult (11 Years+), Fiberglass | \$13.10 | |
| Q4023 | Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Plaster | \$3.65 | |
| Q4024 | Cast Supplies, Short Arm Splint, Pediatric (0-10 Years), Fiberglass | \$6.55 | |
| Q4025 | Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Plaster | \$40.41 | |
| Q4026 | Cast Supplies, Hip Spica (One Or Both Legs), Adult (11 Years+), Fiberglass | \$126.24 | |
| Q4027 | Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Plaster | \$20.23 | |
| Q4028 | Cast Supplies, Hip Spica (One Or Both Legs), Pediatric (0-10 Years), Fiberglass | \$63.16 | |
| Q4029 | Cast Supplies, Long Leg Cast, Adult (11 Years+), Plaster | \$30.92 | |

| Code | Description | Fee | Prior Auth Status |
|-------|---|-----------------|-------------------|
| Q4030 | Cast Supplies, Long Leg Cast, Adult (11 Years+), Fiberglass | \$81.93 | |
| Q4031 | Cast Supplies, Long Leg Cast, Pediatric (0-10 Years), Plaster | \$15.55 | |
| Q4032 | Cast Supplies, Long Leg Cast, Pediatric (0-10 Years) Fiberglass | \$40.96 | |
| Q4033 | Cast Supplies, Long Leg Cylinder Cast, Adult (11 Years+), Plaster | \$28.85 | |
| Q4034 | Cast Supplies, Long Leg Cylinder Cast, Adult (11 Years+), Fiberglass | \$69.73 | |
| Q4035 | Cast Supplies, Long Leg Cylinder Cast, Pediatric (0-10 Years), Plaster | \$14.42 | |
| Q4036 | Cast Supplies, Long Leg Cylinder Cast, Pediatric (0-10 Years), Fiberglass | \$38.52 | |
| Q4037 | Cast Supplies Short Leg Cast, Adult (11 Years+), Plaster | \$17.08 | |
| Q4038 | Cast Supplies, Short Leg Cast, Adult (11 Years+), Fiberglass | \$44.34 | |
| Q4039 | Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Plaster | \$8.87 | |
| Q4040 | Cast Supplies, Short Leg Cast, Pediatric (0-10 Years), Fiberglass | \$22.19 | |
| Q4041 | Cast Supplies, Long Leg Splint, Adult (11 Years+), Plaster | \$21.53 | |
| Q4042 | Cast Supplies, Long Leg Splint, Adult (11 Years+), Fiberglass | \$36.75 | |
| Q4043 | Cast Supplies, Long Leg Splint, Pediatric (0-10 Years), Plaster | \$10.41 | |
| Q4044 | Cast Supplies, Long Leg Splint, Pediatric (0-10 Years), Fiberglass | \$18.40 | |
| Q4045 | Cast Supplies, Short Leg Splint, Adult (11 Years+), Plaster | \$12.51 | |
| Q4046 | Cast Supplies, Short Leg Splint, Adult (11 Years+), Fiberglass | \$20.10 | |
| Q4047 | Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Plaster | \$6.24 | |
| Q4048 | Cast Supplies, Short Leg Splint, Pediatric (0-10 Years), Fiberglass | \$10.05 | |
| Q4049 | Finger Splint, Static | \$2.27 | |
| Q4051 | Splint Supplies, Miscellaneous (Includes Thermoplastics, Strapping, Fasteners, Padding And Other Supplies) | Price By Report | |
| S2083 | Adjustment Of Gastric Band Diameter Via Subcutaneous Port By Injection Or Aspiration Of Saline | Price By Report | PA Required |
| S5498 | Home Infusion Therapy, Catheter Care / Maintenance, Simple (Single Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination And All Necessary Supplies And Equipment, (Drugs And Nursing Visits Coded Separately), Pe | \$73.23 | |
| S5501 | Home Infusion Therapy, Catheter Care / Maintenance, Complex (More Than One Lumen), Includes Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe | \$49.35 | |
| S8999 | Resuscitation Bag (For Use By Patient On Artificial Respiration During Power Failure Or Other Catastrophic Event) | Price By Report | |
| S9364 | Home Infusion Therapy, Total Parenteral Nutrition (Tpn); Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Includes Standard Tpn Formula - Lipids, Specialty Amino Acid Formulas, Drugs, And Nu | Price By Report | PA Required |
| S9432 | Medical Foods For Non-Inborn Errors Of Metabolism | Price By Report | PA Required |
| S9435 | Medical Foods For Inborn Errors Of Metabolism | \$8.20 | PA Required |
| S9500 | Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 24 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe | \$284.06 | |
| S9501 | Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 12 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe | \$301.82 | |
| S9502 | Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal Therapy; Once Every 8 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe | \$346.64 | |
| S9503 | Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 6 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe | \$538.62 | |
| S9504 | Home Infusion Therapy, Antibiotic, Antiviral, Or Antifungal; Once Every 4 Hours; Administrative Services, Professional Pharmacy Services, Care Coordination, And All Necessary Supplies And Equipment (Drugs And Nursing Visits Coded Separately), Pe | \$505.73 | |
| V2020 | Frames, Complete | \$72.58 | |
| V2199 | Not Otherwise Classified, Single Vision Lens | \$39.86 | |
| V2221 | Lenticular Lens, Per Lens, Bifocal | \$93.67 | |
| V2299 | Specialty Bifocal (By Report) | \$59.81 | |
| V2399 | Specialty Trifocal (By Report) | \$80.83 | |
| V2410 | Variable Asphericity Lens, Single Vision, Full Field, Glass Or Plastic, Per Lens | \$128.30 | |
| V2430 | Variable Asphericity Lens, Bifocal, Full Field, Glass Or Plastic, Per Lens | \$132.00 | |
| V2510 | Contact Lens, Gas Permeable, Spherical, Per Lens | \$124.25 | |
| V2520 | Contact Lens Hydrophilic, Spherical, Per Lens | \$104.60 | |
| V2521 | Contact Lens Hydrophilic, Toric, Or Prism Ballast, Per Lens | \$202.58 | |
| V2530 | Contact Lens, Scleral, Per Lens (For Contact Lens Modification, See 92325) | \$249.56 | |
| V2531 | Contact Lens, Scleral, Gas Permeable, Per Lens (For Contact Lens Modification, See 92325) | \$568.96 | |
| V2599 | Contact Lens, Other Type | \$25.86 | |
| V2623 | Prosthetic Eye, Plastic, Custom | \$1,184.70 | |
| V2624 | Polishing/Resurfacing Of Ocular Prosthesis | \$75.94 | |
| V2625 | Enlargement Of Ocular Prosthesis | \$526.01 | |
| V2626 | Reduction Of Ocular Prosthesis | \$242.70 | |
| V2627 | Scleral Cover Shell | \$1,641.70 | |
| V2628 | Fabrication And Fitting Of Ocular Conformer | \$397.76 | |
| V2630 | Anterior Chamber Intraocular Lens | \$122.38 | |
| V2631 | Iris Supported Intraocular Lens | \$122.38 | |
| V2632 | Posterior Chamber Intraocular Lens | \$164.99 | |
| V2710 | Slab Off Prism, Glass Or Plastic, Per Lens | \$82.97 | |
| V2715 | Prism, Per Lens | \$11.25 | |
| V2718 | Press-On Lens, Fresnell Prism, Per Lens | \$25.98 | |
| V2744 | Tint, Photochromatic, Per Lens | \$17.49 | |
| V2750 | Anti-Reflective Coating, Per Lens | \$19.76 | |
| V2781 | Progressive Lens, Per Lens | \$78.36 | |
| V2784 | Lens, Polycarbonate Or Equal, Any Index, Per Lens | \$36.03 | |
| V2785 | Processing, Preserving And Transporting Corneal Tissue | Price By Report | |
| V2799 | Vision Item Or Service, Miscellaneous | Price By Report | PA Required |
| V5000 | Basic Audiologic Asmnt - Hearing Asmnt Including The Measuring Of Hearing Acuit &Tests Relating To Air Conduction, Bone Conduction, Reception Threshold, Speech Discrim, &Acoustic Emittance Tests (Excludes Hearing Aid Asmnt) Childrencare Rehab Develop Only Lifescape | \$167.84 | |
| V5040 | Hearing Aid, Monaural, Body Worn, Bone Conduction | Price By Report | PA Required |
| V5095 | Semi-Implantable Middle Ear Hearing Prosthesis | Price By Report | |
| V5336 | Repair/Modification Of Augmentative Communicative System Or Device (Excludes Adaptive Hearing Aid) See 67:16:29:02.10 | Price By Report | |
| V5362 | Speech Screening | Price By Report | |
| V5363 | Language Screening | Price By Report | |
| V5364 | Dysphagia Screening | Price By Report | |